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TRIP REPORT NO. RUS-24

**TECHNICAL ASSESSMENT AND DEVELOPMENT OF A
TECHNICAL ASSISTANCE AND TRAINING STRATEGY IN 2
OBLASTS: KALUGA AND TVER
(WITH WORLD BANK TEAM)**

June 15 - 28, 1995

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Submitted by the ZdravReform Program to:
AID/ENI/HR/HP

AID Contract No. CCN-0004-C-00-4023-00
Managed by Abt Associates Inc.
with offices in: Bethesda, Maryland, U.S.A.
Moscow, Russia; Almaty, Kazakhstan; Kiev, Ukraine

SUMMARY

A World Bank team visited Tver Oblast from June 18–23, and Kaluga Oblast from June 25–30, to finalize project proposals developed by each of the respective oblasts since the previous visits in April 1995.

This report updates previous drafts related to timing and implementation of proposed USAID technical assistance and World Bank Loan funding.

Discussions in Kaluga and Tver resulted in identification and proposal of nearly three dozen technical assistance and training activities in these two oblasts combined. These proposals are described in detail in accompanying Annexes. These lists of proposed activities will be reviewed by the Moscow *ZdravReform* office and finalized within the context of the overall budget and priorities of the Russia Country Action Plan.

OBJECTIVES

The principal objective of the trip to the Russian Federation was to meet with leadership in the 2 oblasts of Kaluga and Tver, along with officials from the World Bank Russia Health Reform Project.

The specific objectives of the World Bank (WB) mission were to: 1) better integrate the multiple components of the existing proposals; 2) reach agreement on outstanding issues; 3) finalize a description of each component; 4) finalize the costing of each component; 5) develop timelines and implementation strategies; 6) develop process and outcome indicators for monitoring and evaluation; and 7) develop conditionalities, especially in the context of donor collaboration between USAID-funded activities and the World Bank loan.

The joint mission of USAID/*ZdravReform* and the World Bank was to build upon proposed WB and USAID collaboration in Central European Russia, as outlined in the *ZdravReform* (ZRP) Russia Country Action Plan of March 1995. More specifically, the joint mission had several sub-objectives, and was undertaken to:

- refine and finalize, in conjunction with World Bank officials, areas of potential development and technical assistance (TA) that would be integral and complementary to the World Bank's Russia Health Reform Project in the two oblasts of Kaluga and Tver;
- finalize the level and types of potential technical assistance from USAID in the context of its overall health sector activities, particularly in the area of health care financing and service delivery reforms;
- finalize a detailed workplan, timetable, and budget for TA and training for inclusion in *ZdravReform*'s Country Action Plan and the Bank's project description;
- assist local leadership in Kaluga and Tver in the preparation of the health care financing

reform component of their health reform project proposals to the World Bank, especially as it relates to proposed ZRP technical assistance; and,

- continue exchange of information and ideas with the Country Director, Jim Rice, and his staff in the Moscow office related to current and planned TA, training, and grant assistance activity in Kaluga and Tver. This exchange of information and ideas focused upon areas of financing, payment, organization, cost accounting, management information systems, and quality assurance.

BACKGROUND

These visits follow from three earlier collaborative efforts between the World Bank and USAID. There were visits to three oblasts in Central European Russia — Tver, Smolensk, and Kaluga — from December 1–8, 1994. These were collaborative visits by representatives of USAID and the World Bank's Russia Health Reform project loan program. Jim Rice and Jack Langenbrunner represented USAID, while George Schieber represented the World Bank. The team visited Tver on December 1–2; Smolensk on December 4–6; and Kaluga on December 7–8.

Dr. George Schieber of the World Bank and Jack Langenbrunner subsequently made follow-up visits to these three oblasts: Kaluga, January 15–18; Smolensk, January 22–26; and Tver, January 26–31.

The World Bank team also visited Kaluga Oblast from April 16–23, and Tver Oblast from April 24–28, to further review, revise, and expand on project proposals developed by each of the respective oblasts since the January and February visits. In addition, Jim Rice, Igor Sheiman and Jack Langenbrunner were in Kaluga April 16–18 with the Bank team and Langenbrunner was in Tver with the Bank team. Kevin Woodard met with Tver leadership April 17–19 in advance of the Bank's visit, and provided a technical assessment and preliminary recommendations to the Bank team prior to its visit.

Earlier ZRP Trip Reports of December 1994, January/February 1995, April/May 1995, and World Bank documents provide further background detail and baseline information on each of these three oblasts. This information and background detail will not be repeated here. Instead, an oblast by oblast report follows.

This particular mission did not include work in Smolensk Oblast, which the Bank has decided to terminate from its list of candidate oblasts.

A major thrust of the Kaluga health care reform initiative is the intent to shift patients from hospital services, which emphasize curative care and medical specialization, toward outpatient services which emphasize preventive care and health promotion.

Kaluga submitted a six part health reform project application, which was far more ambitious than the other two oblasts (Tver and Smolensk). The six parts were: financing/provider payment reform, primary care, quality assurance, pharmaceuticals, inpatient and sub-acute setting restructuring, and

maternal and child health. The proposal lacked integration across components.

Over the last two missions, these six components were consolidated into three: 1) Health System Restructuring (i.e., facility rationalization); 2) Provider Payment and Quality Assurance; and 3) Maternal and Child Health and Family Planning. Several elements of the separately proposed pharmaceuticals project were integrated into the above three components. This consolidation should contribute to better integration of activities and improved linkages. It should also facilitate project coordination, implementation, and monitoring.

The overall, longer-term objectives of oblast health sector reform in Tver are increased efficiency and higher quality, to be achieved by moving more care toward primary care providers and increasing outpatient care over inpatient services. Currently, about 60% of all health spending is for inpatient care (compared with 45-50% in most OECD countries), 24.6% for outpatient care, 5.2% for dental care, and 13.2% for emergency care (including ambulance stations and care in inpatient facilities).

Tver Oblast continues to be plagued by incomplete implementation of Federal insurance reform legislation, which calls for pooling funds for insurance and payment purposes. There are at least four different financing systems currently operating in Tver Oblast:

- the oblast health budgeting process, which covers payment for 28 oblast-level facilities;
- the THIF, which collects a payroll tax from 26 of 36 rayons for the working population and a capitated payment for the non-working population. The THIF makes payments to facilities and providers in these 26 rayons, which have a total of 50 facilities;
- the rayon-level budget, which covers central rayon hospitals and polyclinics in the remaining 10 rayons; and
- the systems of care which some enterprises (e.g., defense manufacturers) have developed and continue to maintain.

The city of Tver facilities fall partly under the oblast budgeting process and partly under the THIF. There are also "inter-rayon" facilities for referrals, which were built with oblast-wide funds, but charge rayons for each referral. In the smaller rayons, all budgeting is under the control of the central rayon hospital, while in larger rayons there are financially-independent facilities.

As in every oblast, there are Federal contributions for public health initiatives and specialized facilities of care.

ACTIVITIES

The collaborative USAID and World Bank work began with initial meetings Saturday and Sunday June 17 and 18 with Bank technical team members in Moscow: Teresa J. Ho, Senior Economist and

Task Manager; Dr. Robert Hay, Cardiologist, Consultant; Dr. Ernst Lauridsen, Public Health Specialist, Consultant; Robert Taylor, Health Care Management Specialist, Consultant; Walter Verniers, Health Facilities Specialist, Consultant; Chantal Worzala, Population, Health, and Nutrition Specialist; Tamas Huber, Implementation Specialist, Consultant; Mr. George Schieber, Senior health Financing Specialist; and Maria Vannari, Project Assistant and Costing Specialist.

Prior to the current visits to the two oblasts of Kaluga and Tver, Susan Cheney-O'Byrne of USAID Moscow was briefed June 17 on the progress and objectives of the visits and remaining issues.

Kaluga Oblast¹

Future USAID/ZRP technical assistance and training pertains to the first two components of the World Bank program — Health System Restructuring and Provider Payment and Quality Assurance — discussed in turn below.

Health System Restructuring

An objective of the oblast is a comprehensive system of ambulatory care composed of consultative, diagnostic, and treatment centers, including the introduction of general practitioners in solo and group practice as a "front line" primary health care system.

The WB project will initially target about 50 percent of the population in seven rayons (Baryatubsky, Zhizdrinsky, Medynski, Ferzikovsky, Maloyaroslavsky, and including two rayons in Kaluga city). The revised system of service delivery will include:

- feldsher stations at the village level, with promotive and preventive services, and with some limited curative treatment resources;
- new general practitioners (using the Moscow Medical Academy training approach) to replace and supplement therapists. Bank funds will be used for offices and equipment;
- new multi-disciplinary and (possibly) single discipline group practices. Bank funds will be used for offices and equipment;
- new consultative, diagnostic, and treatment centers including day care facilities with full diagnostic and treatment capability at the outpatient level will replace existing polyclinics attached to the central rayon hospitals. These will be operated as (specialty) group practices. Bank funds will be used for equipment, supplies, pharmaceuticals, and so on;
- closure and conversion of district hospitals into nursing homes. These facilities could also

¹ This report updates the previous discussion from the April mission report to reflect changes and refinements accomplished during the first two days of the 5-day June mission (June 25–30). Subsequent progress during the June mission can be found in reports by Jim Rice of the Moscow office and in the World Bank reports and documents.

be made available to social service organizations to be used mainly for the admission of "social" cases for which these other organizations would bear the cost;

- a new outpatient surgical center in Kaluga city; and,
- use of central rayon hospitals and the oblast hospital for referrals with established diagnosis and emergency cases;

A new management structure and cadre of expertise is envisioned for implementation and administration. Rayon health management teams will replace the rayon hospital head doctor, who is now responsible for overall administration within the larger oblast framework and policies. The Kaluga Municipality Health Management Team will replace the existing administration in a parallel way. The Oblast Health Administration will be reorganized into the Oblast Health Management Team to manage the overall delivery structure within the oblast.

The project target is to reduce beds by up to 30% of the current 12,325 through closures or wards and, where feasible, entire facilities. The proposed budget, including construction and renovation as well as equipment, supplies and pharmaceuticals, is \$21.5 million.

Provider Payment

The health system restructuring component will be supported and sustained through a new system of provider payments. The loan estimate for this component is \$6.5 million (includes quality assurance activity as well — see below).

Kaluga proposes to fundamentally change the current payment systems. Progress was made in discussions with Kaluga leadership at the Oblast Health Administration and the Territorial Health Insurance Fund (THIF) on elaboration of the basic conceptual design, which will include the following elements:

- implementation of primary care capitation ("fundholding") or fully integrated delivery systems under a per capita arrangement.

Under primary care fundholding, physicians in group or solo practices would receive capitated payments for each patient enrolled. Two models are being considered. Physicians will receive either: 1) capitated payment for outpatient services only, or 2) be at risk under a capitated arrangement for all specialist and hospital services. A full capitation model will have stronger incentives. A phase-in period could allow transition from the first approach to the second approach. Other per capita "at-risk" models are being considered as well, including fully integrated delivery systems and geographic capitation "at-risk" arrangements;

- development of a working capital fund to provide incentive-based payments for primary care physicians, at least in Years 1 and 2 of the Bank Loan, both to increase primary care provider incomes and to attract high quality providers to ambulatory care. Funds for physician incentive payments would come through the Bank initially, with offsetting savings being

used in subsequent years to sustain these payments. The initial estimates by the THIF of costs for incentive payments range from \$0.7–1.7 million per year, depending upon the geographic area included;²

- development of a performance-based payment system (on an episode or service basis) for outpatient specialists, who are currently salaried. Kaluga is currently interested in contracting with USAID Kemerovo grantees (e.g., Dr. Galina Tsarik) and experts to help develop these approaches;
- refinement of inpatient payment systems, which now rely on clinical-statistical groups. Global budgets or refined case-based payments were discussed as likely candidates;
- development of other prerequisites of these new payment systems such as:
 - management information systems;
 - contracting arrangements between the THIF and providers; and,
 - performance-based complementary quality assurance approaches (discussed in greater detail below).

Management Information Systems

A technical assessment of the current MIS capabilities of the Kaluga health care sector should be completed as quickly as possible. The assessment should be similar in scope and context to the Tver assessment completed April 17–19.

Information and discussions to date in Kaluga present a mixed picture. The Sherman/Goldin Trip Report of April 5, 1995 outlines a state-of-the art information center for the health sector in Kaluga Oblast. The modelling exercise, however, was hampered by poor information that was both incomplete and too aggregate for precise analytic work. Person-level data or experience was not available for the modelling exercise/TA in March.

Much of the equipment observed in individual health facilities and in the THIF offices was 386 series. Leadership reported that there is 1 personal computer (PC) per combined hospital/polyclinic facility in each rayon except one, where there is no hardware available. Each facility in Kaluga city has one PC.

There is an obvious need to assess the adequacy of existing equipment relative to planned TA activities in 1995 and 1996. This issue reinforces the concerns about timing of ZRP TA/training

² The lower estimate is for the initial pilot area (see discussion of implementation) of Kaluga city and 2 rayons. The incentive payments would increase salaries by 2.5 times from R350,000 per month to R1,000,000 per month. The higher estimate includes the same policy applied to the entire oblast.

relative to the availability of Bank funds.

Quality Assurance

Kaluga appears to have embarked on an ambitious quality assurance (QA) program under the proposed Bank loan project. Quality assurance will be introduced to all targeted in- and outpatient facilities, managed by both the Oblast Health Authority and the THIF. The new budget estimate from the proposed loan for this effort is \$ 6.5 million (this figure includes provider payment activity).

The Kaluga QA proposal includes the development of facility-level programs, monitoring of care through the THIF, and use of oblast-level accreditation standards for facilities, equipment, and personnel. About 1.5 days were spent during the last visit in April discussing and reviewing quality-related proposals and integrating these with other Bank loan program components. Jim Rice joined the group for two days during this visit to work with the Bank team on conceptual strategy and to finalize a set of TA tasks and training related to the QA component.³

Timing and Implementation

Discussions led to a consensus that implementation of new payment, and perhaps QA, systems will be phased, using USAID technical assistance, over the next 18 months.

In 1995 and 1996, design and development assistance will be provided to Kaluga city (three rayons) and two surrounding rayons (Maloyaroslavsky and Ferzikovsky) to pilot the reforms. These geographic areas are included in the Health System Restructuring component. Only one of these

³ As of the end of the April trip, Kaluga requested Bank assistance for some QA activities and plans to continue other development and implementation efforts regardless of assistance. The Bank favors using project loan funds to establish new coordinative structures in the oblast and in individual institutions, as well as to provide appropriate training.

The QA activities approved as of the April visit by Bank team staff for inclusion in the Bank loan included:

- creation of and training for three new quality-related activities in facilities — quality coordinator, infection control, and rational use of pharmaceuticals;
- creation of a new unit to update medical practice standards and incorporate these into new payment rates;
- creation of an overall QA coordinative unit for the oblast;
- quality monitoring (retrospective review) of cases through the THIF, its branches, and its intermediaries; and,
- use of media for dissemination of innovative and best medical practices.

geographic areas (Kaluga city), however, would have a diagnostic center for the initial pilot phase in 1995-96. The pilots in the other two rayons could either: 1) continue design and implementation of provider payment reforms without the facility restructuring component, or 2) design payment reforms and develop simulations of them (for policy and management purposes), delaying implementation until the diagnostic centers are in place.

The total number and types of facilities, current and planned, are provided in Table Kaluga-1. Table Kaluga-2 provides an overview of new structures in the targeted rayons in the first few years.

Expansion and "Roll-Out"

In 1997, additional diagnostic centers will be organized and equipped (Table Kaluga-2); in 1998, payment reforms will be extended to the rest of Kaluga city and the remaining 7 rayons targeted under the Health System Restructuring component. The remainder of the oblast would be "brought-in" in Year 5 under the Loan program. The total number and types of facilities for the entire oblast, current and planned, as of the end of the April mission are provided in Annex A.

The exact timing and phasing-in of the payment systems will also depend on any necessary modifications to the USAID payment system design, additional training and equipment needed for implementation, and the pace of facility rationalization. A preliminary Gantt chart was developed and left with the Bank staff. It estimates a current range of activities and timing for TA related to provider payment, MIS, and Quality Assurance

Outstanding Issues

Table Kaluga-3 provides a summary of the Kaluga Oblast design features and design options that will need to be addressed over the next few weeks and months.

There are some issues remaining related to successful ZRP and World Bank collaboration. There are at least three issues related to the Health System Restructuring and Provider Payment reforms.

One of these is the development of a more precise and detailed payment reform plan. Igor Sheiman provided a short seminar in April on one alternative — an HMO/carrier at-risk model that could be designed for each rayon. The June mission allowed for some additional discussion of specific models. These seminars should continue in subsequent visits with Kaluga leadership. A week-long workshop on payment systems for both Tver and Kaluga would be extremely useful in the near term. Any payment reform proposal must also accommodate the expansion of family practice and general practice offices.

A second issue is the broader concern related to incentive payments for primary care physicians. The Bank staff continues to discuss the appropriateness and necessity of these payments and whether the funds might be better used for other purposes such as: 1) working capital for training and infrastructure work, and 2) for reinsurance pools.

A third outstanding issue is the timing of Bank project loan funds availability. If the project loan is approved in early to mid-1996 — as is currently expected — health delivery restructuring and procurement of equipment, supplies, pharmaceuticals and so on (critical for moving care to an ambulatory setting) could not be expected until early to mid-1996, at best. This could hamper USAID technical assistance activity in 1995–96 related to design and piloting of new systems. The funds flow for re-design and procurement could occur only *after* the USAID TA and training activity is expended. For example, a lack of computer equipment could limit ability to implement basic systems for provider payment pilot projects.

Several steps forward have been taken since the April mission. One is that funds have been found for computers in the pilot sites. Ms. Teresa Ho, the mission leader, discussed funds in the range of \$40,000–50,000 for computers. These could be purchased almost immediately, reinforcing the utility of an MIS baseline assessment.

In addition, funds of \$500,000 will be pursued by Ms. Ho under the "PPF" (pre-project or project planning funding) phase, to be used to procure equipment and set up one consultative, diagnostic, and treatment center for the demonstration area in Kaluga city. This would allow the diagnostic center to be integrated into a pilot in 1995–1996.

Another option may be to encourage local resource allocations until Loan funds become available. Discussions in April with Dr. Vladimir Omeltchenko, the director of the Territorial Insurance Fund (and clearly an individual with an almost autocratic hold on the health sector in the oblast), indicated his desire to find "other funds" that could be found or borrowed to bridge the timing gap between the pilots and the flow of Bank funds. This is an issue which should be addressed during follow-up visits by the Bank and ZRP staff.

In the area of quality assurance, training will be a critical ingredient in successful implementation and performance. Facility coordinators can provide impetus and leadership for other staff as well as integration of more up-to-date methods. They can work closely with the quality coordinator to enhance quality through education and continuous quality improvement (CQI).

Ongoing and proposed ZRP/USAID technical assistance and training can complement this new QA initiative. Observational tours, workshops, methods training (e.g., critical care mapping), and manuals can lay the groundwork for project loan funding and implementation of the new activities. New management information system capabilities will provide improved and more timely information for CQI and clinical decisionmaking.

Tver Oblast

Discussions and meetings took place in Tver from June 18-23. The team met with officials from the Oblast Health and Financial Administrations and the THIF. Counterparts involved were Dr. Alexander Molokaev of the Oblast Health Authority and Dr. Alexander Zlobin of the Fund.

The leadership continues to be very interested in a general three-part package of detailed TA — provider payment, management information systems, and quality assurance. Timelines for potential TA and training include activities already underway, such as the quality assurance workshop in Siberia and the ongoing observational tours — GP Fundholding, Clinical Records, and HMO tours.

Kevin Woodard visited Tver Tuesday and Wednesday of the week to clarify and finalize the proposed TA for management information systems. He also contributed to the Bank's overall conceptualization of the MIS component and its costing/timeframes for implementation.

Provider Payment Reforms

The leadership in Tver continues to appear quite committed to financing reforms, and has already taken a number of steps in this direction. For example, Oblast Health Director Dr. Boris Mogilevsky explained to us last time that the oblast is no longer basing the salaries of head doctors of hospitals on the number of beds in the institution.

The Oblast Health Authority has also begun using a case-based payment system to reimburse the Oblast Children's Hospital, though the remaining inpatient and outpatient facilities continue to be paid based on the traditional 18 budget categories using input norms.

The THIF has adopted a case-based payment system for hospitals, using clinical-statistical groups (CSGs).⁴ This new approach started in January 1994. Physicians remain on salary and salary levels fall into 18 categories based on specialty, tenure, training experience and qualifications. About 40 percent of the salary pool, though, is held as a "withhold" to fund incentive bonus payments. A review of a sample of rayons revealed a general pattern of hospital physicians receiving more, on average, than their counterparts in polyclinics. Likewise, specialists receive more than therapists.

Tver Oblast has also moved away from the traditional 18 budget categories for polyclinics and now pays on a per visit basis. The issue currently facing the Fund, however, is the growth in spending brought on by these newly created incentives to increase volume for both inpatient and outpatient care. They propose developing a cap on spending by facility and are currently working on the details. Incentives apparently are working, albeit they are somewhat perverse, and providers are

⁴ Case-based payment for the children's hospital uses an average length-of-stay (ALOS) measure with an outlier adjustment for cases with LOS above that to a maximum 20 percent add-on to the average rate. The rate is also based only on costs of salaries, meals and pharmaceuticals. The other cost categories are paid on a traditional basis. The CSG approach used by the THIF, on the other hand, has more moderate incentives and is based on bed-days. Thus, payments are adjusted for each admission by length-of-stay.

responding to these.

Tver leadership is actively engaged in designing and implementing some further variants of medical care provider payment reforms. In particular, they are in the process of modifying the CSGs for hospitals to encourage shorter lengths of stay, and are attempting to develop a CSG system for outpatient care to be used in paying polyclinics, similar to that used in Kemerovo.

The Tver THIF leadership also expressed interest in more accurately determining the prices for each case by obtaining better cost information. The cost information in which Dr. Zlobin expressed specific interest was cost per bed-day and per physician visit. This would allow pricing to be based on real resource costs, which could then be modified to reflect policy incentives. Second, the Fund would like to be able to ascertain "efficient" costs so that limits could be established on various cost elements which exceed pre-defined thresholds of "efficiency". Third, the THIF is considering developing a new payment system for physicians, basing salaries primarily on experience.

Discussions indicated both willingness and capability to experiment with new approaches and general dissatisfaction with the current policies. In addition, the leadership remains unclear about what type of new system is preferable over current approaches and optimal for the long-term. Third, their thinking has begun to move beyond the major problem: the hospital-based orientation of the system.

The team provided tutorials and discussed per capita financing arrangements such as GP fundholding and its integration with the Family Medicine component of the project, physician group practice models, polyclinic fundholding, integrated delivery system arrangements, and "rayon at-risk" (or rayon capitation) models. There has recently been particular interest in at-risk arrangements as a way to better constrain volume.

This visit fully integrated the Bank's work in Family Medicine, which will provide training and equipment for approximately 12 new GP practitioners and offices for each year over the next five years. In addition, the concept of upgrading selected polyclinics to become Consultation, Diagnostic, and Treatment Centers (CDTCs) was introduced. These will act as referral centers for new physician practices. Both GPs and the CDTCs will be incorporated into the payment reform component.

The recent interest in at-risk and per capita arrangements may be due in part to new legislation in Tver Oblast mandating: 1) a per case payment system for hospitals and 2) a per capita allocation formula to replace the input-based budgeting allocation norms. It was not clear from our discussions when these new approaches would be implemented fully.

There is continued strong interest in collaboration with USAID in receiving TA for considering and testing other alternative payment systems.

There is particular interest in workshops and cooperation with foreign and/or Russian experts to lay out relevant options and design and test new more efficient systems for Tver to improve efficiency and quality. They are also interested in TA that will assist them in viewing the structural interrelationships among all provider settings (e.g., polyclinics, sub-acute, acute, post-acute, chronic)

that could lead to system restructuring and the development of new payment methods for these different settings. Interest was also expressed in receiving TA for the development of policy impact models and actuarial databases which could be used for strategic planning and for estimating the financial and utilization impacts of alternative policy scenarios. There was also interest in receiving TA for the development of reliable cost accounting systems in hospitals and polyclinics.

Finally, there were discussions and agreements regarding use of the World Bank loan for "roll-out" and oblast-wide implementation of new payment systems. This is discussed below.

Quality Assurance

Tver appears to be quite interested in a complementary and expansive program of quality assurance and improvement. It would be integrated and expanded through the MIS component of the World Bank proposal/USAID TA work.

The quality program is not detailed in the current Bank Loan proposal. Tver has a QA program in place which is targeted to in- and outpatient facilities, managed by both the Oblast Health Authority and the Territorial Health Insurance Fund (THIF).

The current system relies on department heads and a facility level coordinator for quality within each facility. When a major questionable event occurs, it is generally reviewed by a committee composed of facility staff. There is a designated specialist for quality for each rayon. At the oblast level, there are also designated specialists by areas of care (e.g., oncology, TB) who periodically review patient records as well as structure and processes of care at facilities within the oblast. A central rayon hospital, for example, will typically be reviewed by a specialist 5–6 times per year. These specialists confer with a facility's head physician and quality coordinator on patient care and/or individual provider issues. Education appears more prominent as a remedial measure than penalties and sanctions.

The THIF Fund has developed its own independent committee of experts. These experts, who are *not* employees of the Fund, but rather, practicing physicians, have developed empirically-based standard measures of processes and outcomes of care. These standards are used as reference points for retrospective record review and facility-level reviews. Substandard care can result in payment denials. In contrast, oblast health experts do not have financial sanction authority. The THIF quality checks apply only to the 50 facilities currently covered by the THIF. The THIF is also involved in a range of other quality-related efforts including assisting in the development of licensure standards for hospitals and updating medical equipment standards.

The Tver leadership indicated an interest in integrating QA with payment reforms through a quality rating system in each hospital and polyclinic department. A series of process measures (e.g., referral rates), utilization and appropriateness measures (e.g., ALOS and admissions), and outcomes (nosocomial infection rates, risk-adjusted mortality rates) could be developed to rate care by department.

There was also some discussion of tying the three part package to another component of the Tver

proposal related to cardiovascular care. Specifically, clinical care maps could be developed for both the inpatient and outpatient interventions related to some area of CVD (e.g., hypertension). The CVD proposal is focused on prevention, primary, and secondary interventions. It is anticipated that these care maps would help reduce inpatient admissions and/or reduce lengths-of-stay, and generally promote innovative approaches to prevention and treatment.

Bob Hay, M.D., of the Bank team, is enthusiastic about developing payment reforms related to cardiovascular care. Examples include case management approaches, payment adjustments for "priority" services such as preventive care or outpatient interventions, and so on. This could be integrated with TA for payment systems.

Management Information Systems

A substantial component of the current proposed Bank Loan covers purchase and installation of computers and software, with attendant changes in financing and service delivery. There was critical discussion related to MIS, the proposed Loan, and TA during Kevin Woodard's visit.

There are initiatives to pilot new computerized software systems, developed locally by Dr. Sergei Turkin, that track and summarize patient-level statistics and facility-level statistics. This software is being piloted in 15 facilities in 10 rayons.

Discussions with counterparts identified, despite claims made by some during the last visit, the need to develop person-based pilot MIS networks in selected geographic areas. Each of the Bank Loan components could "hook-up" with these networks for its individual applications related to the Bank project. The population-based system would be targeted in geographic areas parallel with other activity. These networks will be critical for both epidemiologic monitoring and quality improvement, as well as for payment system pilots and reforms.

The Oblast Health Authority and the THIF continue to agree upon the importance of standard patient-based systems and the importance of improving information for tracking costs and improving quality assurance. Consistent with the Woodard recommendations, this could be added as a priority area.

The MIS discussion also raised the importance of other TA activity such as 1) cost accounting methods and manuals, and 2) collaboration in developing a standardized, uniform data set for payment, management and administration, and quality. There is some training and TA in these areas already being provided by local experts, but more would be welcomed.

Lastly, it should be noted that the oblast is creating a new Information Center, under joint authority of the Fund and the Oblast Health Authority. It will be built under the Loan program as a local contribution.

Timing and Implementation

In collaboration with counterparts, pilot sites were chosen to design and test new approaches and

systems in 1995 and 1996. The Oblast Health Authority and THIF, after initial discussions and disagreements, selected six facility sites:

- 1 oblast facility in Tver city — the Children's Hospital;
- 2 municipal facilities in Tver city — the Hospital and Polyclinic #1 ("Separate Sanitary Medical Station or "OSMC"), and City Hospital (and Polyclinic) #6; and,
- 3 central rayon hospitals and associated polyclinics — Kuvshinova Central Hospital/Polyclinic, Nelidovo Central Hospital/Polyclinic, and Kalyazin Central Hospital/Polyclinic.

In addition, counterparts agreed to extend the Kuvshinova rayon pilot site to the entire rayon, not just the central rayon facility. The rayon includes feldsher stations, physician stations/posts, and 2–3 small district hospitals (which resemble nursing facilities). The THIF provides about 70% of funding in the rayon.

Table Tver-1 provides descriptive data on each of these facilities.

Determining factors upon which the Tver counterparts based their decisions included: 1) all facilities except the Children's hospital are closely affiliated with the Territorial Health Insurance Fund; 2) all have well-trained staff and expertise in payment reform areas; 3) all promise optimal chances for accuracy in data reporting in financial and clinical areas; 4) overall, the pilot sites are recognized as "leaders" among facilities; 5) many are already piloting the new MIS software created by Sergei Turkin; 6) all have the potential for GP/Family Medicine integration with Bank Loan component; 7) the combination of sites is representative of all levels in the hierarchy; and, 8) all show "readiness" for reform as measured by quality of staff, leadership, interest in reform policies.

Beyond 1996, the "roll out" plan was discussed and agreed upon. In general, it calls for expansion of provider payment reforms in Years 3 and 4 under the loan to all of Tver city, Rzhev rayon, and Vishny Volochek rayon. In addition, the demonstrations will be expanded rayon-wide in all pilot sites. By the end of year 5, implementation will be oblast-wide.

Outstanding Issues

Table Tver-2 provides a summary of the proposed Tver Oblast design features and associated design features comments and potential issues.

Until the last mission, there appeared to be a critical issue of timing, and Bank Loan funds availability. If the Loan is approved early to mid-1996, as is currently expected, procurement of equipment, supplies, pharmaceuticals and so on (critical for moving care to an ambulatory setting) could not be expected until late 1996/early 1997. This is especially crucial relative to MIS support and computer/software availability. This could hamper USAID technical assistance activity related to design and piloting of new systems.

This issue has been addressed since the last mission, with the Bank committing monies for computers and equipment in Tver Oblast — in the range of \$50,000–100,000. These computers and pieces of equipment could be purchased and in-place between now and July 1, 1996.

FINDINGS AND RECOMMENDATIONS

Status of the World Bank's Project Preparation: Implications for TA and USAID Involvement

Project preparation of the financing reform components in these oblasts is proceeding in tandem with the preparation of the other project components. By September, the Bank expects to have a fully defined and costed proposal to be reviewed by the governing Bank Board.

The Bank has requested the continued help of Kevin Woodard in defining an implementation strategy, any final costing activity, and in defining associated TA.

USAID/*ZdravReform* can continue to move more quickly and aggressively. Tver Oblast leadership expressed sincere and heartfelt appreciation for the TA and training provided to date, and look forward to continued collaboration.

A revised detailed plan for TA and training — based on this visit to Kaluga and Tver — is proposed in Annex B and C. It does not address directly possible TA and training for Smolensk Oblast.

Recommendations

1. A technical assessment of the current MIS capabilities of the Kaluga health care sector should be completed as quickly as possible. The assessment should be similar in scope and context to the Tver assessment completed April 17–19.
2. Seminars on models for development of a more precise and detailed payment reform plan should continue in subsequent visits with Kaluga leadership. A week-long workshop on payment systems for both Tver and Kaluga would be extremely useful in the near term. Any payment reform proposal must also accommodate the expansion of family practice and general practice offices.
3. The issue of timing of Bank project loan funds availability and alternative sources of funding (such as local resource allocations pending availability of loan funds) is one which should be addressed during follow-up visits by Bank and ZRP staff.
4. Ongoing and proposed ZRP/USAID technical assistance and training can complement new A initiatives. Observational tours, workshops, methods training, and manuals can lay the groundwork for project loan funding and implementation of the new activities. New MIS capabilities will provide improved and more timely information for CQI and clinical decisionmaking.
5. Person-based pilot MIS networks need to be developed in selected geographic areas in the Tver

Oblast. These networks will be critical for both epidemiologic monitoring and quality improvement, as well as for payment system pilots and reforms.

Table Kaluga-1

Kaluga Oblast: Restructuring of Inpatient and Outpatient Services

Service Component	Kaluga City		Maloyaroslavsky Rayon		Ferzikovsky Rayon	
	Exists	Reform	Exists	Reform	Exists	Reform
Population	340,000		50,000		17,500	
Oblast Hospital	1,280 beds		NA	NA	NA	NA
Oblast Polyclinic	1	1	NA	NA	NA	NA
City Hospitals	7 @ 2500 beds	2,005	NA	NA	NA	NA
City Polyclinics	6	0	NA	NA	NA	NA
Specialty Hospitals	5	5			1	
Specialty Hospital Polyclinics	5	5				
Central Rayon Hospitals	0	0	300 beds	240 beds	175 beds	100 beds
Affiliated Polyclinics	0	0	1	9 GPs	1	2 GPs
Consultative/Diagnostic Centers	0	4	0	1	0	1
District Hospitals	0	0	50 beds	50 beds	30 beds	0
District Hospitals Polyclinics	0	0		5 GPs		1 GP
Physician Stations	1	0	3	0	1	0
General Practice Offices	2	17	0	3	0	4
Feldsher Stations	22	19	30	15	22	18+3 GPs
Misc. Other Units:						
Emergency Hospital						
Other Polyclinics	5		0		0	
Industrial Polyclinics	10		1		0	

Table Kaluga-2

Kaluga Oblast Delivery Restructuring: New Structures

	1995	1996	1997	1998
Kaluga Municipality				
Emergency Hospital		Invest	Operate	
Day Surgery Center		Invest	Operate	
Consultative, Diagnostic, Treatment Center (CDTC)	1			
Group Practice	5	5	7	
General Practice	5	12		
Mayayorslavsky Rayon				
Central Rayon Hospital		1		
CDTC		1		
District Hospital			1	
Group Practice		1	1	
General Practice		1	2	
Feldsher				
Ferzikovsky				
Central Rayon Hospital		1		
CDTC		1		
District Hospital			1	
Group Practice		1	1	
General Practice		1	4	
Feldsher				
Rayon 3				
Central Rayon Hospital			1	
CDTC			1	
District Hospital			1	
Group Practice				
General Practice		1	2	
Feldsher				
Rayon 4				

Table Kaluga-2

Kaluga Oblast Delivery Restructuring: New Structures

Central Rayon Hospital				1
CDTC				1
District Hospital				
Group Practice			1	
General Practice				
Feldsher				
Rayon 5				
Central Rayon Hospital				1
CDTC				1
District Hospital				1
Group Practice				1
General Practice				3
Feldsher				

Table Kaluga-3

Kaluga: Provider Payment, MIS, and Quality Assurance Proposal

Design Features	Design Options
<p>1) Incentive-Based Payment Systems</p> <p>a. form solo practices and primary care groups; capitation payment</p> <p>b. specialists/diagnostic centers receive episode-based or service-based payments</p> <p>c. refine current CSGs for hospitals prospective "at-risk" payment to hospitals</p>	<p>full or partial capitation to solo providers/primary care doctors or groups possible incentive payments</p> <p>capitation, episode, or service-based payments</p> <p>refine case-based approach, or use global budget or negotiated rates initially, depending upon polyclinic or primary physician payment systems</p>
<p>2) THIF and Facility Contracts</p> <p>a. contractual arrangements with: - payers, other providers, internal staff</p>	
<p>3) Management Information Systems</p> <p>a. new computer hardware capacity; enhanced software</p> <p>b. "Western" cost accounting approaches</p> <p>c. streamline/re-design information systems - administrative, clinical, financial</p> <p>d. management and budgeting systems</p>	<p>number of computers/software per facility</p>
<p>4) Quality Assurance System</p> <p>a. facility-level coordination and cadre of experts - QA/QI; infection control; clinico-pharmacologic</p> <p>b. unit to update medical practice standards and build changes in payment rates</p> <p>c. unit for oblast-wide coordination</p> <p>d. unit within THIF for quality monitoring</p> <p>e. dissemination of innovative/best medical practices</p> <p>f. information flows to monitor potential abuse under new incentives</p>	<p>level and extent of training</p> <p>national-level accreditation system to establish standards - structural and equipment - modify treatment guidelines - outcomes-based comparisons</p>
<p>5) Implementation</p> <p>a. 1995-1996: design/test/implement in Kaluga City and 2 neighboring rayons</p> <p>b. 1997: organize and equip additional diagnostic centers</p> <p>c. 1998: extend provider payments to additional rayons of focus under delivery re-structuring component, plus the remainder of Kaluga city</p> <p>d. 2000: "roll-out" to remainder of oblast.</p>	<p>successful pilots and phase-in rely on new diagnostic centers being organized and appropriately equipped</p>

Table Tver-1					
Tver: Pilot Sites and Facilities **					
Facility	Bed Size	Physicians	Medical Staff	Payment Reform Approach	Issues/Comments
Oblast					
Children's Hospital	375	109	517	Case-Mix Adjusted Per Case	cadre of in-house experts
Municipal (Tver city)					
Hospital and Polyclinic #1 ("OSMC")	500	234	844	Per Capita or Fundhold/ GP Fundholding tie-in	located in Zavolski district (pop. 130,000)
City Hospital (and Polyclinic) #6	585	384	1122	Per Capita or Fundhold/ GP Fundholding tie-in	
Rayon					
Kuvshinova Central Hospital/Polyclinic	195	34	248	Per Capita -- or Rayon At-Risk GP Fundholding tie-in	Agreement to include entire rayon/tie to Consult/Dx/Tx Ctr
Nelidovo Central Hospital/Polyclinic	550	101	706	Per Capita or Fundhold/ GP Fundholding tie-in	largest central rayon facility in pilot
Kalyazin Central Hospital/Polyclinic	240	45	339	Per Capita or Fundhold/ GP Fundholding tie-in	

** pilot sites selected based on the following factors: 1) all facilities except the Children's hospital are closely affiliated with the Territorial Health Insurance Fund; 2) all have well-trained staff and expertise in payment reform areas; 3) all promise optimal

chances for accuracy in data reporting in financial and clinical areas; 4) overall, the pilot sites are recognized as "leaders" among facilities; 5) many are already piloting the new MIS software created by Sergei Turkin; 6) all have the potential for GP/Family Medicine integration with Bank Loan component; 7) the combination of sites is representative of all levels in the hierarchy; and, 8) all show "readiness" for reform as measured by quality of staff, leadership, interest in reform policies.

Table Tver-2

Tver: Proposed Provider Payment, MIS, and Quality Assurance Proposal

Design Features	Additional Comments on Design
<p>1) Incentive-Based Payment Systems</p> <p>a. refine current per visit payments to polyclinics and current CSGs for hospitals</p> <p>b. develop capitation and "rayon at-risk" arrangement</p> <p>c. incorporate incentives for family medicine initiative, such as GP fundholding</p> <p>d. incorporate incentives for new "consultative, diagnostic, and treatment centers" to integrate with provider payment reforms</p> <p>e. incorporate incentives for cardiovascular/MCH initiatives</p>	<p>possible TA:</p> <p>actuarial data base for strategic financial/policy options modelling</p> <p>consider/develop alternative payment systems for outpatient and inpatient settings</p> <p>restructure settings -- post-acute, sub-acute</p>
<p>2) Management and Information Systems</p> <p>a. new computer hardware capacity; enhanced software</p> <p>b. streamline/re-design information systems - administrative, clinical, financial</p> <p>c. population-based networks piloted for reforms and monitoring in 7-9 geographic areas</p> <p>d. use for other activity (e.g., surveillance and monitoring systems under CVD, MCH project components)</p>	<p>level and extent of training may need fine-tuning</p> <p>numbers of computers/software per facility -- 1 per facility (on average) to be purchased under Bank loan</p>
<p>3) Quality Assurance System</p> <p>a. facility-level coordination and department-based specialists</p> <p>b. rayon designated-specialists; oblast-level specialists</p> <p>c. THIF expert committee: standards-development and chart review</p>	<p>level and extent of training may need fine-tuning</p> <p>approaches need to fully integrate QA system with payment reforms</p> <ul style="list-style-type: none"> - ambulatory indicators - inpatient performance measures - appropriateness of admission standards - utilization review measures
<p>4) Implementation</p> <p>a. 1995-1996: design/test in 6 facilities at oblast, municipal, and rayon levels</p> <p>b. 1997-1998: begin to extend to additional rayons/entire oblast</p>	<p>longer-term implementation strategy:</p> <p>Year 3-4: all of Tver city, Rzhev rayon, Vishny Volochek rayon plus: rayon-wide in all pilot sites</p> <p>Year 5: oblast-wide implementation</p>

World Bank/ZdravReform Collaboration Central European Russia Tver and Kaluga Oblasts			
	CY 1995	CY 1996	1997 - 1998 ⁵
<i>ZdravReform</i>	Technical Assistance and Training, Related to Loan Program Strategy and Pilot Design: - Quality Assurance - Management and Information Systems (MIS) - Payment and Financial Management	Follow-Up TA and Training: - Working Models Finalized - Pilot Projects Implemented	1) Technical Assistance and Training related to Oblast-Wide Implementation of Pilot Projects 2) Roll-Out and Dissemination
World Bank Health Reform Project	1) Bank Loan Proposals Finalized 2) Bank Review and Approval Process	Bank Loan/Funds Flow Begins: Capital, Equipment, Supplies, Personnel	Contingency Loan Fund Available for Oblast- Wide Implementation of Pilot Projects

⁵ *ZdravReform* activity dependent upon contract option extension.

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Palace Hotel, Tel: 956-3152/3151 fax

Radisson Slavjayanka; Tel: 941-8020

Aerostar Hotel; Tel: 213-9000/155-5030

Baku Restaurant (Tverskaya)

Aragvi Restaurant (Tverskaya)

Kaluga:

Hotel Kaluga

Tver:

Tourist Hotel (the best of the three oblasts)

Sunrise Hotel -- Tel: 33-21-29

Restaurant Rema -- near Sunrise

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Annex E

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ANNEXES

Annex A
Scope of Work

Annex B
Proposed Training and Technical Assistance Package, June 1995
Kaluga Oblast

Kaluga: Areas of Possible Technical Assistance

Activity Number	Category	Start of Activity	Priority Score	Comments/Issues
	PAYMENT SYSTEMS			
	<u>1995</u>			
1	Payment Systems Workshop: Options, Alternatives, Implementation Issues	Sept. 1	1	Can help Kaluga refine current alternatives discussed
2	Payment Systems Design <ul style="list-style-type: none"> • issues and options • training and touring, including U.S. and England • strategic and financial planning • generic computer modelling 	underway	1	Kaluga has chosen a general course; Tver has not
3	Organizational Contracting/Legal Framework <ul style="list-style-type: none"> • model contracts and agreements 	Sept. 1	1	High interest in this area
	<u>1996</u>			
4	Payment Systems Implementation/Pilot in Sites and Rayons	January	1	Timing might be too ambitious for Ferikovsky and Mayalovarovslavsky rayons
5	Payment Systems Evaluation and Refinement	May	1	
6	Estimation for Funds for "Working Capital" for purposes such as: i) organizational re-structuring; ii) catastrophic reserve -- epidemiologic or organizationally-related; or iii) costs of initial cash flow shortage.	October	2	
7	Actuarial Data Base Development -- coordination thru MIS development	Nov.	2	
	MANAGEMENT AND INFORMATION SYSTEMS			

Kaluga: Areas of Possible Technical Assistance

Activity Number	Category	Start of Activity	Priority Score	Comments/Issues
1	<u>1995</u> Technical Assessment for Kaluga <ul style="list-style-type: none"> • baseline for Personal Computers, now and needed in future 	Summer	1	
2	Basic MIS Systems to "Go Forward" with Pilot Projects	October	1	
3	Methods of Cost Accounting/Cost Information	July	1	
4	Development of Standard, Uniform Data Set for MIS systems	October	1	
5	<u>1996</u> Management Training for New Management Teams	January	3	Tie-in to AUPHA/ZRP management institutes
	QUALITY ASSURANCE AND IMPROVEMENT			

Kaluga: Areas of Possible Technical Assistance

Activity Number	Category	Start of Activity	Priority Score	Comments/Issues
1	<u>1995</u> Ambulatory Care Setting Indicators (refine Medical Economic Standards)	Oct. 1	1	Critical to primary care fundholding approaches
2	TQM — Train the Trainers (Santa Cruz)	March	1	
3	Quality Improvement/Utilization Review Workshop — Novosibirsk	April	1	
4	Clinical Care Mapping and Manuals <ul style="list-style-type: none"> • observational tour in U.S. • exercise • manuals 	Sept. 1	1	
5	<u>1996</u> Inpatient Care Indicators: Admission Criteria, Utilization Review Measures (e.g., Referrals and Discharges)	Jan. 1	1	Perhaps moved up to 1995
6	Quality Assurance/Quality Improvement Programs and Processes	Jan. 1	1	Complement to QA proposals by Kalugans

Overall, 3 Areas of Output:

- 1) design payment reform in 1995/1996
- 2) help implement/test design in pilot rayons — 1996
- 3) define detailed actions — step-by-step — necessary to "roll-out" once Bank Loan in place

Note: Not included here — Payment Methods Manual and TA related to the MIS component and QA component should be considered preliminary and to be finalized by Kevin Woodard and Jim Rice of the Moscow office, respectively.

Detailed Scopes of Work: Kaluga Oblast

Kaluga - USAID TA for
Provider Payment Component

Activity	Collaborating Party	Jan - June 1995	Year 0 Q1 Q2 Q3 Q4	Year 1 Q1 Q2 Q3 Q4	Year 2 Q1 Q2 Q3 Q4	Year 3 Q1 Q2 Q3 Q4	Year 4 Q1 Q2 Q3 Q4	Year 5 Q1 Q2 Q3 Q4
I. Provider Payment Systems								
1. Payment Systems Workshop	THIF/RHA		XXXXXX					
Course Materials Development		XXXXXXXXXX						
Critically Evaluate Other Systems		XXXXXXXXXX	XXX					
Core Training Course (Tver)			XXXX					
Revise Training Materials for Methods Manual			XXX					
Develop/Disseminate Options for Design Phase			XXX					
2. Payment Systems Design	THIF/RHA		XXXXXXXXXXXXXXXXXX					
Observational Tours, U.S. and England		XXXXXXXXXX						
Pilot Sites Selected		XXXXXXXXXX						
Review of Issues and Options		XXXXXXX						
Strategy Development			XXX					
Design Financial Reforms Approach			XXXXXX					
Data Development, As Needed			XXX					
Analyze Data, Establish Preliminary Rates			XXX					
Design Phase-In			XXX					
Develop Guidelines and Regulations			XXXXXX					
3. Organizational Contracting/Legal Framework	THIF/RHA		XXXXX					
Identify Issues for Providers/Payers			XX					
Research/Analysis of Current Legal Environment			XX					
Develop Legal Framework for Payers			XXX					
Develop Model Contract for Payers			XXX					
Develop Legal Framework for Provider Staff Contracts			XXX					
Develop Model Contracts for Provider Staff			XXX					
4. Payment Systems Implementation	THIF/RHA		XXXXXXXXXXXXXX					
Refine/Update Analysis from Design Phase			XXX					
Training for Providers and Payers			XXX					
Integrate QA and MIS Components			XXX					
Computer Modelling/3-month Simulation				XXX				
Initiate Implementation of Pilots				XXXXXX				
5. Payment Systems Evaluation and Refine	THIF/RHA		XXXXXXXXXX					
Examine Changes in Systems			XXX					
Payment			XXX					
Management and Information			XXX					

Kaluga - USAID TA for
Provider Payment Component

Activity	Collaborating Party	Jan - June 1995	Year 0 Q1 Q2 Q3 Q4				Year 1 Q1 Q2 Q3 Q4				Year 2 Q1 Q2 Q3 Q4				Year 3 Q1 Q2 Q3 Q4				Year 4 Q1 Q2 Q3 Q4				Year 5 Q1 Q2 Q3 Q4			
Quality Impact Analysis							XXXX																			
Develop Findings and Recommendations								XX																		
Integrate Recommendations								XXXXXX																		
Apply Changes to Bank Loan Strategy								XXXXXX																		
								XXX																		
6. Actuarial Data Base Development	THIF/RHA						XX	XXX																		
Refine/Update Data from Financial Modelling Exercise							XX	X																		
Impact Analyses of Designs and Changes								X																		
Integration with MIS Component								XX																		
Follow-up Training								XX																		
Evaluation and Report for Bank Loan Component								XXX																		
7. Estimation of Funds for "Working Capital	THIF/RHA							XXXXX																		
Application of Actuarial Data Base exercise								XXXX																		
Consideration and Estimates of Fund Levels for Specific Purposes:								XXXX																		
Development of Organizational Structure Changes								XXX																		
Other								XXXX																		
II. Management and Information Systems	THIF/RHA																									
1. MIS Technical Assessment for Kaluga							XXX																			
Baseline for Personal Computers/Payment Pilots							XXX																			
2. Integration of Basic MIS Systems							XXXXX																			
Coordination with Payment Pilots							XXXXX																			
3. Methods of Cost Accounting/Cost Information							XXXXXXXXXX																			
Novosibirsk Workshop							XX																			
Internship in Tomsk Oblast							XXX																			
4. Development of Standard, Uniform Data Set for MIS systems							XXXXXXXX																			
Identification of Current Practices							XXX																			
Coordination with Payment Pilot Design							XX																			
Identification of Uniform Data Set							XX																			
Implementation of Uniform Data Set								XXXX																		
5. Training for Doctors, Economists, others in Management								XXXXXXXXXX																		

Kaluga - USAID TA for
Provider Payment Component

Activity	Collaborating Party	Jan - June 1995	Year 0 Q1 Q2 Q3 Q4	Year 1 Q1 Q2 Q3 Q4	Year 2 Q1 Q2 Q3 Q4	Year 3 Q1 Q2 Q3 Q4	Year 4 Q1 Q2 Q3 Q4	Year 5 Q1 Q2 Q3 Q4
Coordination with AUPHA/ZdravReform Management Institutes			XXXXX					
Internship with Siberian Management Programs			XXXX					
Coursework at AUPHA/ZdravReform Institutes				XXXX				
NOTE: THIS SECTION IS TO BE CONSIDERED PRELIMINARY ONLY. REFINED SCOPE OF WORK TO BE DEVELOPED BY MIS EXPERT, MOSCOW OFFICE								
III. Quality Assurance and Improvement								
1. Ambulatory Care Indicators	RHA/THIF	XXXXXXXXXXXXXXXX						
Coordinate with Tasks in Siberian Oblasts		XXXXXXXXXXXX						
Identification of Counterparts from Pilots		XXXXXXXXXXXX						
Training/Internship in Siberia			XXXX					
Development of Indicators			XXX					
Integration with MIS Component			XXX					
2. TQM -- Train the Trainers	RHA/THIF	XXXXXXXXXXXXXXXXXXXX						
Observational Tour		XXX						
Network with Counterparts in Siberia		XXXXXXXXXXXXXXXX						
Training of Local Counterparts			XXXXXX					
3. Quality Assurance/Improvement Workshop	RHA/THIF	XXXXXXXXXXXX						
Identification of Counterparts		XXXXXX						
Workshop		XXXXXXXX						
4. Clinical Care Mapping and Manuals	RHA/THIF		XXXXXXXXXX					
Observational Tour in U.S.			XXX					
Identify up to 10 Diagnosis			XXXXXX					
Examine and Evaluate Current Tx Patterns			XXX					
Training in New Patterns of Care			XXXX					
Develop and Disseminate New Care Maps				XX				
Develop "How to" Manual				XX				
Evaluate and Integrate with Bank Loan Strategy				XX				
5. Inpatient Care Indicators	RHA/THIF		XXXXXX					
Coordinate with Tasks in Siberian Oblasts		XXXXXXXXXXXXXXXX						
Identification of Counterparts from Pilots			XXX					
Training/Internship in Siberia			XXX					

Kaluga - USAID TA for
Provider Payment Component

Activity	Collaborating Party	Jan - June 1995	Year 0				Year 1				Year 2				Year 3				Year 4				Year 5			
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Development of Indicators					XXX																					
Integration with MIS Component					XXXX																					
6. Quality Assurance/Improvement Process	THIF/RHA				XXXXXXXXXXXXXXXXXX																					
Evaluation of Existing Quality Programs		XXXXXXXXXXXXXXXXXXXX																								
Design QA/QI System for Pilot Facilities					XXX																					
Implementation of New Approaches					XXX																					
Monitoring/Refinements of New Systems					XXXXXX																					
Integration of Facility and Area-wide Measures								XXX																		

NOTE: THIS SECTION IS TO BE CONSIDERED PRELIMINARY ONLY. REFINED SCOPE OF WORK TO BE DEVELOPED BY JIM RICE, MOSCOW OFFICE

RHA = Regional Health Authority

THIF = Territorial Health Insurance Fund

Provider Payment/Financial Management

Activity 1: Payment Systems Workshop: Options, Alternatives, Implementation Issues

Subactivity 1.1: Examine and critically evaluate payment systems for hospitals and physicians in use throughout the world today, for the purpose of applying one or more approaches in Kaluga Oblast.

Task 1.1.1: Develop generic payment options germane to Kaluga Oblast

Subtask 1.1.1.1: Physicians

Subtask 1.1.1.2: Hospitals

Subtask 1.1.1.3: Capitation

Task 1.1.2: Develop options in context on how Kaluga health delivery system is organized

Subtask 1.1.2.1: Physicians

Subtask 1.1.2.2: Hospitals

Subtask 1.1.2.3: Capitation

Subactivity 1.2: Prepare training materials and workshop program for participants from Kaluga and possibly all 2 oblasts

Task 1.2.2: Conduct Training

Task 1.2.3: Evaluate utility of draft training materials and program

Subactivity 1.3: Revise training materials and integrate into use for development of future manual materials

Subactivity 1.4: Develop and disseminate outline of options for use in designing and implementing alternative payment systems.

Task 1.4.1: Translate in Russian

Task 1.4.2: Disseminate to 2 oblasts and other oblasts upon request

Person or Team Responsible:

technical lead Moscow office: Tatiana Makarova/Igor Sheiman
technical lead Washington office: Jack Langenbrunner

Time Required:

3 months

Start Date:

September 1, 1995

Complete Date:

November 30, 1995

Resources Required:

10 persons from Kaluga Oblast and up to 10 from Tver Oblast

7 days — 5 days plus 2 days travel

location: Tver or Kaluga city, or city in one of three oblasts in Russia or in Moscow or St. Petersburg

1–2 outside experts: salaries plus travel plus 5 days preparation time

Activity 2: Design of New Payment Systems in **Kaluga** Oblast

Subactivity 2.1: Strategy development

Task 2.1.1: Evaluate current methods in context of new systems design

Task 2.1.2: Documentation of major problems, based on current utilization patterns and spending patterns

Subactivity 2.2: Design financial reforms/payment system and data development

Task 2.2.1: Evaluation of options: strengths and weaknesses of alternative methods

Subtask 2.2.1.1: Develop/refine impact model using demographic, utilization, and spending data

Subtask 2.2.1.2: Develop impact analyses and scenarios under various reform options

Task 2.2.2: Identification of expected service delivery changes following implementation of new methods of payment

Task 2.2.3: Conclusions and implications of new payment methods

Subtask 2.2.3.1: Scope and content of new payment methods

Sub-Subtask 2.2.3.1.1: Mix of payment systems across providers

Task 2.2.4: Identification of demonstration sites

Subtask 2.2.4.1: Identification of outpatient demonstration sites

Subtask 2.2.4.2: Identification of inpatient demonstration sites

Subactivity 2.3: Analyze data and establish preliminary rates

Task 2.3.1: Develop preliminary rates for services and categories of services

Subtask 2.3.1.1: Identify rates of user charges (if any)

Task 2.3.2: Identify potential needed adjustments

Subtask 2.3.2.1: Identify potential needed adjustments for referrals

Subtask 2.3.2.2: Identify potential needed adjustments for outliers

Subtask 2.3.2.3: Identify potential needed adjustments for exempt institutions or departments

Subactivity 2.4: Identify and design phase-in of rates and new systems

Subactivity 2.5: Develop potential guidelines and regulations for providers and payers

Person or Team Responsible:

technical lead Moscow office: Igor Sheiman

technical lead Washington office: Jack Langenbrunner

Time Required:

6 months

Start Date:

September 1, 1995

Complete Date:

February 28, 1996

Resources Required:

750 days for Russian experts and technicians

3 trips for 2 outside experts, plus 2 interpreters/drivers

total time for 3 trips: 6 weeks

10 days preparation

trips Scopes of Work

i) design of system and data development (3 weeks)

ii) analysis of data and establishment of preliminary rates and adjustments (2 weeks)

iii) implementation design and refinements (1 week)

software development

Activity 2a: Develop Study/Observational Tours of United States and Selected Western European Countries on Provider Payment Systems

(Note: Activity 2a broken out separately from Activity 2 because of cost implications and tie-in to related training in Siberian oblasts)

Subactivity 2a.1: Identify individuals in each of two/three oblasts for participation in tour

Task 2a.1.1: Work with leadership for lists of participants

Subactivity 2a.2: Develop agenda, itinerary and relevant lists of organizations and individuals with which to meet

Task 2a.2.1: Coordination with USAID and World Bank

Task 2a.2.2: Coordination with participating oblasts

Task 2a.2.3: Coordination with payment manual experts

Task 2a.2.4: Coordination with Abt/Bethesda staff

Subactivity 2a.3: Observation Tour: examine and critically evaluate payment systems for hospitals and physicians in use today throughout the world

Subactivity 2a.4: Evaluate value of the observation tour for relevance of areas of focus and impact of knowledge imparted to tour participants

Task 2a.4.1: Interview/survey participants

Task 2a.4.2: Write-up/disseminate results

Subtask 2a.4.2.1: Integrate relevant findings into Provider Payment Manual and Workshop Task (Activities 1 in this section)

Person or Team Responsible:

technical lead Moscow office: Igor Sheiman

technical lead Washington office: Jack Langenbrunner

Time Required:

4 months

Start Date:

April 1, 1995

Complete Date:

July 30, 1995

Resources Required:

2–3 persons from each of three oblasts

20 days

3 cities in the United States

2 European cities

travel and expenses for participants

plus, cost of preparation and presentations

Activity 3: Development of Organizational Contracting/Legal Framework in **Kaluga** Oblast

Subactivity 3.1: Identification of contractual issues related to providers and payers

Task 3.1.1: Issues between payer and provider

Subtask 3.1.1.1: Payer and facility

Subtask 3.1.1.2: Facility and individual providers

Subactivity 3.2: Research and analysis of current legal environment for payers, facilities, and providers

Subactivity 3.3: Develop legal framework for contracts between payers and facilities/providers

Task 3.3.1: Identify steps that would permit an initial phase-in period

Task 3.3.2: Development of legal flexibility to implement certain policies immediately

Task 3.3.3: Delineation of tax responsibilities under various legal categories

Task 3.3.4: Development of limited financial protections in phase-in period to adjust to new payment incentives

Task 3.3.5: Development of rules and flexibility regarding private vs. public pay patients

Subactivity 3.4: Development of a model contract for payers to actually use with facilities/providers

Subactivity 3.5: Develop legal framework for staff contracts for use by facility managers

Subtask 3.5.1: Identify steps that would permit an initial phase-in period

Subtask 3.5.2: Development of legal flexibility to implement certain policies immediately (e.g., hire and fire physicians and other staff)

Subtask 3.5.3: Delineation of tax responsibilities under various legal categories

Subtask 3.5.4: Development of limited financial protections in phase-in period to adjust to new payment incentives

Subtask 3.5.5: Development of rules and flexibility regarding private vs. public pay patients

Subactivity 3.6: Development of a model contract for facility managers to actually use with staff

Person or Team Responsible:

technical lead Moscow office: Jim Rice

technical lead Washington office: Jack Langenbrunner

Time Required:

4 months

Start Date:

November 1, 1995

Complete Date:

February 28, 1996

Resources Required:

One Russian expert for 20 days — to help establish an improved legal framework necessary to allow contractual relationship between i) payers with facilities and ii) payers with providers.

One Russian expert for 20 days — to research, develop recommendations and possible legislative language (if needed) to allow managers to develop time-limited contracts for facility personnel

Activity 4: Implementation of Payment Systems Demonstration in **Kaluga** Oblast

Subactivity 4.1: Refine and update analysis from payment design tasks

Task 4.1.1: Refinements and adjustments

Subactivity 4.2: Training for providers and payers

Task 4.2.1: Informal classes and workshops on new systems

Task 4.2.2: Develop and disseminate informational materials

Subactivity 4.3: Integrate QA and MIS components

Task 4.3.1: Identification of indicators to track provider performance in managing the health status of defined populations

(to be implemented in collaboration with Quality Assurance and Improvement Activities)

Task 4.3.2: Identification of information technology requirements and development of application software for future installation

(to be implemented in collaboration with Management and Information Systems Activities)

Subactivity 4.4: Computer modelling and 3-month simulation period of impacts under new systems

Task 4.4.1: Evaluate changes of new system under simulation time period, and develop final adjustments

Subactivity 4.5: Initiate implementation

Subactivity 4.6: Use evaluation results (Activity 8 below) of implementation and final refinements

Person or Team Responsible:

technical lead Moscow office: Igor Sheiman

technical lead Washington office: Jack Langenbrunner

Time Required:

12 months

Start Date:

January 1, 1996

Complete Date:

December 30, 1996

Resources Required:

750 days for Russian experts and technicians

3 trips for 2 outside experts, plus 2 interpreters/drivers

total time for 3 trips: 6 weeks

10 days preparation

trips Scopes of Work

- i) final design of system and simulation model development (3 weeks)
- ii) analysis of simulation data and integration of final changes (2 weeks)
- iii) use of evaluation results and final refinements (1 week)

software development

Activity 5: Payment Systems Evaluation and Refinement in **Kaluga**

Subactivity 5.1: Examine changes in provider payment methods and systems for both physicians and hospitals

Task 5.1.1: Physician payment systems

Task 5.1.2: Hospital payment systems

Task 5.1.3: Other

Task 5.1.4: Developments related to longer-term changes in payment systems, such as use of cost accounting methods to develop cost estimates

Task 5.1.4: Expected and unanticipated impacts to date

Subactivity 5.2: Examine changes in management for both polyclinics and hospital facilities, and the development of the management and information systems

Task 5.2.1: Management autonomy changes such as changes in legal and economic status, changes and use of 1-line budgets, relationship of facility to central and oblast governments, strictures regarding use of normatives (either related to structural codes of buildings, administrative areas, financial areas, clinical areas, staffing and personnel standards, and so on), and other changes.

Task 5.2.2: Management and information systems changes in use of cost accounting methods, use of cost accounting for business planning, budgeting and financial management techniques, clinical information systems, procedure coding systems, automated integrated medical information systems, routine reporting systems, inventory and tracking systems, human resource management systems, auditing and annual reconciliation reporting mechanisms, and work related to calculation of costs per case

Task 5.2.3: Expected and unanticipated impacts to date

Subactivity 5.3: Examine changes in the development of a complementary quality assurance system

Task 5.3.1: Quality assurance (QA) changes in movement away from use of the Medical-Economic Standards, development of a facility level QA system, development of a cadre of experts to monitor and evaluate continuous quality improvement, the availability and adequacy of methods of information for collection for key utilization and quality indicators such as referral rates, disenrollment, nosocomial infections, re-admission rates, other hospital indicators for monitoring and evaluation; and, development of hospital admissions appropriateness criteria

Task 5.3.2: Expected and unanticipated impacts to date

Subactivity 5.4: Examine any results relating to broader system changes

Task 5.4.1: Changes in efficiency — the effect of the demonstration and related payment policies and organizational changes on the efficiency in the provision of services;

Task 5.4.2: Impact on quality of care — how changes in financing, payment and quality assurance programs may affect the quality of structure and process of service delivery, and ultimately changes in health status

Task 5.4.3: Impact on equity of access to care — what effects the new system and related changes have on the strength of the old system, relative equity of access to services by various socio-economic status groups

Subactivity 5.5: Development of findings and recommendations relevant both to demonstration and for application to the Bank loan component

Task 5.5.1: Findings and recommendations translated into Russian prior to departure

Person or Team Responsible:

technical lead Moscow office: Jim Rice

technical lead Washington office: Jack Langenbrunner

Time Required:

1–2 months

Start Date:

May 1, 1996

Complete Date:

June 30, 1996

Resources Required:

75 days for Russian experts and technicians

- gathering of baseline information
- gathering of pre-post data
- technical analysis and collaboration with the outside experts

1 trips for 3–4 outside experts, plus 2 interpreters/drivers

- one economist (15 days);
- one quality assurance expert (15 days);
- one or two management experts in i) management autonomy status and issues, and ii) management and information systems expert (20 days total)

total time for trip: 3 weeks

5 days preparation

trips Scopes of Work

- i) baseline information collected and analyzed (5 days)
- ii) assemble pre-post data and conduct interviews with leadership, providers and consumers (2 weeks)
- iii) analysis of data, development of recommendations, and suggested approaches for integration for refinements (1 week)

software development

Activity 6: Actuarial Data Base Development in **Kaluga**

Subactivity 6.1: Refine and update data from Financial and Strategic Modelling exercise (see Activity 2 above)

Task 6.1.1: Request from Kaluga oblast data on demographics, utilization, and spending

Task 6.1.2: Assemble Kaluga oblast data and update computer-based spreadsheet model

Task 6.1.3: Translate updated model into English and Russian

Subtask 6.1.3.1: Paper and electronic copies of model generated and distributed

Subactivity 6.2: Impact analyses of designs and changes of financing reform policy changes under pilot projects and/or in the World Bank Loan Proposal

Task 6.2.1: Historic and short-term analysis of changes and expected trends in demographics, utilization, and spending patterns in pilot sites

Task 6.2.2: Application/extrapolation of changes under oblast-wide roll-out and implementation

Subactivity 6.3: Further training of experts and analysts as follow-up to Activity 2 (above)

Task 6.3.1: Exercises related to application of policy decisions and changes in both Oblast Health Authority and the Territorial Health Insurance Fund

Subactivity 6.4: Report evaluating the achievement of the above deliverables and lessons learned for replicating these efforts in other oblasts

Task 6.4.1: Translation and distribution of Report into Russian and English

Person or Team Responsible:

technical lead Moscow office: Igor Sheiman/Kevin Woodard
technical lead Washington office: Jack Langenbrunner

Time Required:

3 months

Start Date:

October 1, 1996

Complete Date:

December 31, 1996

Resources Required:

Personnel:

1 Russian actuarial expert familiar with the Russian health system

1 Econometrician experienced with health sector financial modeling in Russia

1–2 research assistants, fluent in Russian and English, experienced in developing spreadsheet models in standard computer languages such as LOTUS and EXCEL.

Each person for 15 days in Kaluga

Activity 7: Estimation of Funds for "Working Capital" in **Kaluga**

Subactivity 7.1: Application of Actuarial Data Base exercise (see Activity 9 above) for estimating level of capital fund under the proposed World Bank loan

Subactivity 7.2: Consideration and estimates of fund levels for specific purposes:

Task 7.2.2: Development and changes of organizational structures

Task 7.2.1: Risk-levelling pool

Task 7.2.3: Reserves for cash-flow shortages by organizations (facilities or providers) or the payers

Task 7.2.4: Epidemiologic events

Task 7.2.5: Other

Person or Team Responsible:

technical lead Moscow office: Igor Sheiman/Kevin Woodard

technical lead Washington office: Jack Langenbrunner

Time Required:

1 months

Start Date:

May 1, 1996

Complete Date:

May 31, 1996

Resources Required:

Personnel:

1 Russian actuarial expert familiar with the Russian health system

1 Econometrician experienced with health sector financial modeling in Russia

1–2 research assistants, fluent in Russian and English, experienced in developing spreadsheet models in standard computer languages such as LOTUS and EXCEL.

Each person for 2–4 days in Kaluga in conjunction with Activity 9 (see above)

Management and Information Systems

Activity 1: Technical Assessment for **Kaluga** Oblast

This would be similar to Kevin Woodard's assessment in Tver Oblast in April 1995, to establish a baseline review and develop priority activities and technical assistance.

Activity 2: Design and Development of Basic Prototype Provider-Based Management and Information System (MIS) in **Kaluga** Oblast

Subactivity 2.1: Strategy development

Task 2.1.1: Evaluate current methods in context of new systems design related to payment and quality assurance system changes

Task 2.1.2: documentation of major problems, based on current MIS systems patterns

Subactivity 2.2: Design MIS for new payment and quality of care changes

Task 2.2.1: Identification of minimum data needs to establish payment rates

Subtask 2.2.1.1: Identification of administrative system data, both patient and provider-related

Subtask 2.2.1.2: Identification of clinical data elements, both patient and provider-related

Subtask 2.2.1.3: Identification of financial data elements, both patient and provider-related

Subactivity 2.3: Development and installation of underlying information systems for implementation of payment changes

Task 2.3.1: Implementation and use of cost accounting and auditing systems

Task 2.3.2: Implementation and use of chart of accounts

Task 2.3.3: Implementation and use of budgeting systems

Task 2.3.4: Implementation and use of claims processing systems

Task 2.3.5: Implementation and use of needed hardware and software to support changes

Subactivity 2.4: Development and installation of underlying information systems for implementation of quality assurance changes

Task 2.4.1: Implementation and use of utilization review and appropriateness measures

Task 2.4.2: Implementation and use of needed hardware and software to support changes

Subactivity 2.5: Development and installation of underlying information systems for monitoring and evaluation systems

Task 2.5.1: Implementation and use of cost and expenditure monitoring measures

Task 2.5.2: Implementation and use of utilization monitoring measures

Task 2.5.3: Implementation and use of referral monitoring measures

Task 2.5.4: Implementation and use of quality and access monitoring measures

Task 2.5.5: Implementation and use of needed hardware and software to support changes

Subactivity 2:6: Evaluate implementation and final refinements

Person or Team Responsible:

technical lead Moscow office: Kevin Woodard

Time Required:

16 months

Start Date:

September 1, 1995

Complete Date:

December 31, 1996

Resources Required:

750 days for Russian experts and technicians

2 trips for 2 outside experts (1 for cost accounting and budgeting systems, 1 for other MIS work), plus 2 interpreters and drivers

total time for 2 trips: 5 weeks

10 days preparation

trips Scopes of Work

i) evaluate existing system and design of new system (3 weeks)

ii) implementation and final refinements (2 weeks)

hardware — 6 computers in each oblast site (computers from World Bank loan; computers to be used for QA, provider payment, and MIS)

software development

Activity 3: Cost Accounting Workshop for 2 or 3 Oblasts: Kaluga, Tver, Smolensk

This workshop could be given in one oblast by one or more Russian (e.g., Sasha Telyukov) or other experts. For example, the July 1995 workshop in Novosibirsk provides a good opportunity for this.

NOTE: PER CONVERSATION OF FEBRUARY 7 IN MOSCOW OFFICE, THIS ACTIVITY IS BEING WRITTEN UP BY RUSS WHALEY AND SHOULD BE SUBSUMED UNDER HIS WRITE-UPS FOR THE TRAINING WORKSHOP/WORK PLAN.

Activity 4: Establish and Develop Standard, Uniform Data Set for MIS Systems

Subactivity 4.1: Identify individuals and practices in each of two/three geographic sites for participation in developing set of standard, uniform data for payment, administrative, and quality of care purposes

Task 4.1.1: Work with leadership for lists of participants

Subactivity 4.2: Develop agenda and relevant lists of organizations and individuals with which to meet

Task 4.2.1: Coordination with USAID and World Bank

Task 4.2.2: Coordination with participating oblasts

Task 4.2.3: Coordination with Abt/Bethesda staff

Subactivity 4.3: Develop standard, minimum data sets

Task 4.3.1: Identification of minimum data needs to establish payment systems and complementary quality assurance systems

Subtask 4.3.1.1: Identification of administrative system data, both patient and provider-related

Subtask 4.3.1.2: Identification of clinical data elements, both patient and provider-related

Subtask 4.3.1.3: Identification of financial data elements, both patient and provider-related

Subactivity 4.4: Development and installation of underlying information systems for implementation of payment changes

Person or Team Responsible:

technical lead Moscow office: Kevin Woodard

Time Required:

3 months

Start Date:

September 1, 1995

Complete Date:

November 30, 1995

Resources Required:

150 days for Russian experts and technicians

2 trips for 2 outside experts (1 for payment systems and cost accounting and budgeting systems data, 1 for quality assurance systems), plus 2 interpreters and drivers

total time for 2 trips: 5 weeks

5 days preparation

trips Scopes of Work

- i) evaluate existing system and design of new system being tested (3 weeks)
- ii) development, implementation and final refinements (2 weeks)

software development

Activity 5: Training for Doctors, Economists, others in Management (MBA-type program) for Managers

Subactivity 5.1: Identify individuals in each of two/three geographic sites for participation in training in courses and programs at institutes under funding by AUPHA/Zdrav*Reform* program

Task 5.1.1: Work with leadership for lists of participants

Subactivity 5.2: Develop agenda, curriculum, and relevant lists of organizations and individuals with which to meet

Task 5.2.1: Coordination with USAID and World Bank

Task 5.2.2: Coordination with participating oblasts

Task 5.2.3: Coordination with Abt/Bethesda staff

Subactivity 5.3: Training: curriculum that provides training in management, implementation, and monitoring of new systems related to demonstrations and programs under the ZRP program and the World Bank loan

Task 5.3.1: New payment/at-risk arrangements

Task 5.3.2: Financial management methods and systems

Task 5.3.3: Cost accounting methods and systems

Task 5.3.4: Quality assurance methods and systems

Task 5.3.5: Implementation and management of new systems

Task 5.3.6: Other

Subactivity 5.4: Evaluate value of the training for relevance of areas of focus and impact of knowledge imparted to curriculum participants

Task 5.4.1: Interview/survey participants

Task 5.4.2: Write-up/disseminate results

Subtask 5.4.2.1: Integrate relevant findings into proposals for additional needed technical assistance and training in this area

Person or Team Responsible:

technical lead Moscow office: Jim Rice

technical lead Washington office: Jack Langenbrunner

Time Required:

12 months

Start Date:

January 1, 1996

Complete Date:

December 30, 1996

Resources Required:

8–10 persons from each of two oblasts

5–7 courses of 2–3 months each

some travel and curriculum (tuition) expenses for participants

Quality Assurance and Improvement (Clinical and Management)

Activity 1: Development of Ambulatory Care Indicators

This would parallel the tasks in the Siberian GFAs, and should be written up by the QA/QI person in Moscow or Siberia.

The activity should develop indicators both for countering new payment incentives and for QA activities.

Start Date: October 1, 1995

Activity 2: TQM "Train the Trainers" — Coordination with Siberian Oblast Tour to the United States

2–4 persons in each oblast

15 days

4–6 cities in the United States and Western Europe

travel and expenses for participants

plus, marginal cost of preparation and presentations

NOTE: PER CONVERSATION OF FEBRUARY 8 IN MOSCOW OFFICE, THIS ACTIVITY IS BEING WRITTEN UP BY HANS LOKEN AND SHOULD BE SUBSUMED UNDER HIS WRITE-UPS FOR THE MARCH/APRIL 1995 TOUR.

Activity 3: Participation in the Siberian QA Workshop — Quality Assurance with MIS Component

1–2 persons from each of 3 oblasts to join Siberian oblasts participants
7 days, including 5 days for workshop and 2 days travel location: city in Siberia

travel and expenses for participants
marginal costs of 1–2 outside experts: salaries plus travel plus 5 days preparation time

NOTE: PER CONVERSATION OF FEBRUARY 8, THIS ACTIVITY IS BEING WRITTEN UP BY HANS LOKEN AND SHOULD BE SUBSUMED UNDER HIS WRITE-UPS FOR THE APRIL/MAY 1995 WORKSHOP.

Activity 4: Pilot and Distribute Diagnosis-Based Clinical Care Pathways

Subactivity 4.1: Identify up to 10 diagnosis total in clinical areas related to World Bank loan reform program across 3 oblasts of Tver, Kaluga, and (possibly) Smolensk

Task 4.1.1: Develop criteria for choosing diagnoses in Kaluga Oblast

Subtask 4.1.1.1: Review World Bank Loan proposal and Bank staff comments including Bank "Back-to-Office" Reports in selecting diagnoses

Subtask 4.1.1.2: Coordinate and review with local oblast leadership, including clinical specialists

Task 4.1.2: Develop criteria for choosing diagnoses in Smolensk Oblast

Subtask 4.1.2.1: Review World Bank Loan proposal and Bank staff comments including Bank "Back-to-Office" Reports in selecting diagnoses

Sub-Subtask 4.1.2.1.1: Consider recommendations made by Bank consultants in February 1995 to include Hypertension and Acute Myocardial Infarction

Subtask 4.1.3.1: Coordinate and review with local oblast leadership, including clinical specialists

Task 4.1.3: Develop criteria for choosing diagnoses in Kaluga Oblast

Subtask 4.1.3.1: Review World Bank Loan proposal and Bank staff comments including Bank "Back-to-Office" Reports in selecting diagnoses

Subtask 4.1.3.2: Coordinate and review with local oblast leadership, including clinical specialists

Subactivity 4.2: Examine and critically evaluate current practice patterns in use for each of the diagnosis chosen

Task 4.2.1: Develop methods of review

Task 4.2.2: Gather and review relevant clinical data

Task 4.2.3: Incorporate clinical and scientific information from outside of oblast-based experience

Task 4.2.4: Develop refined patterns of care

Subactivity 4.3: Train oblast specialists in new patterns of care and methods of updating care maps and developing new care maps in other diagnostic areas

Subactivity 4.4: Develop and disseminate 10 clinical diagnosis-based "Care Pathways" for general use

Task 4.4.1: Draft dissemination materials

Task 4.4.2: Translate care pathway materials

Subactivity 4.5: Develop and disseminate draft "How To" Manual for use in designing and implementing alternative diagnosis-based care pathways

Task 4.5.1: Develop Manual in both hard-copy and electronic formats

Subactivity 4.6: Evaluate utility of draft training materials and program

Person or Team Responsible:

technical lead Moscow office: Hans Loken or successor

Time Required:

12 months total for all 10 diagnosis-based pathways

on average, 6 months for each clinical care pathway

Start Date:

September 1, 1995

Complete Date:

August 31, 1996

Resources Required:

600 days Russian experts and specialists

1 trip for 2 outside clinical experts *for each of 10* diagnosis categories, plus interpreters and drivers

total time for 1 trip: 3 weeks

5 days preparation

software development

Activity 5: Development of Inpatient Care Indicators

This activity should parallel and build from the work underway in the Siberian GFAs to develop indicators complementing new payment incentives under demonstrations being developed there.

The step-by-step approach will need to be written up by the QA/QI person in Moscow/Siberia, but should focus on at least three "pressure points" for quality assurance: admissions, discharges, and referrals.

Start Date: January 1, 1996

Activity 6: Develop and Integrate Quality Assurance Systems that Complement and Parallel Financial and Payment Systems Reforms in *Kaluga* Oblast

Subactivity 6.1: Evaluation of existing quality control/quality of care system in context of financing and financial management reforms

Task 6.1.1: Identify and evaluate issues related to clinical management at the individual facility level

Subtask 6.1.1.1: Identify incentives and potential changes in provider behavior

Subactivity 6.2: Design quality assurance system to complement financing and financial management reforms

Task 6.2.1: Develop routine measures for monitoring

Subtask 6.2.1.1: Develop software for collection and monitoring of information

Task 6.2.2: Develop of Continuous Quality Improvement (CQI) mechanisms

Subtask 6.2.2.1: Develop software for collection and monitoring of information

Subactivity 6.3: Implementation of new QA systems

Subactivity 6.4: Monitoring and final refinements of QA system

Task 6.4.1: Evaluate adequacy of routine measures for monitoring

Subtask 6.4.1.1: Refine software for collection and monitoring of information

Task 6.4.2: Evaluate adequacy of Continuous Quality Improvement (CQI) mechanisms

Subtask 6.4.2.1: Refine software for collection and monitoring of information

Subactivity 6.5: Integration of QA systems at facility level with external standards setting and accreditation process

Task 6.5.1: Evaluate adequacy of routine measures for standards and accreditation process

Subtask 6.5.1.1: Refine software for collection and sharing of information

Task 6.5.2: Evaluate adequacy of Continuous Quality Improvement (CQI) mechanisms for external standards and accreditation process

Subtask 6.5.2.1: Refine software for collection and sharing of information

Person or Team Responsible:

technical lead Moscow office: Hans Loken

Time Required:

12 months total

Start Date:

January 1, 1996

Complete Date:

December 31, 1996

Resources Required:

200 days Russian experts and specialists

2 trips for 1 outside expert, plus interpreter and driver

total time for 2 trips: 4 weeks

5 days preparation

trips Scopes of Work:

i) evaluate existing system and design new system (2 weeks)

ii) implementation and final refinements (2 weeks)

software development

Annex C
Proposed Training and Technical Assistance Package, June 1995
Tver Oblast

Tver: Areas of Possible Technical Assistance

Activity Number	Category	Start of Activity	Priority Score	Comments/Issues
	PAYMENT SYSTEMS			
	<u>1995</u>			
1	Needs Assessment/Planning for Multi-Level System of Care	Sept. 1	2	Can help Tver consider alternatives to inpatient care
2	Financial and Strategic Modelling <ul style="list-style-type: none"> • training of cadre of experts • up to 3 internships in Kemerovo 	Sept. 1	1	Tver suffers from fragmentation of sources of financing; THIF/Oblast not pooling funds
3	Payment Systems Workshop: Options, Alternatives, Implementation Issues	Sept. 1	1	Kaluga has chosen a general course; Tver has not
4	Payment Systems Design <ul style="list-style-type: none"> • issues and options • training and touring, including U.S. and England • strategic and financial planning • generic computer modelling 	underway	1	
5	Organizational Contracting/Legal Framework <ul style="list-style-type: none"> • model contracts and agreements 	Nov. 1	2	
6	General Practitioner/Family Practitioner training <ul style="list-style-type: none"> • payment/at risk arrangements • financial management • cost accounting procedures, etc • collaboration with Novosibirsk/Iowa/Syracuse 	Nov. 1	1	Use of Dewes Brown manual for Family Medicine practices
	<u>1996</u>			
7	Payment Systems Implementation/Pilot in Sites and Rayons	Jan. 1	1	Timing might be too ambitious
8	Payment Systems Evaluation and Refinement	May 1	1	
9	Actuarial Data Base Development <ul style="list-style-type: none"> • coordination thru MIS development 	Sept. 1	1	
	QUALITY ASSURANCE AND IMPROVEMENT			

Tver: Areas of Possible Technical Assistance

Activity Number	Category	Start of Activity	Priority Score	Comments/Issues
1	<u>1995</u> Ambulatory Care Setting Indicators (refine Medical Economic Standards)	Oct. 1	2	Critical to primary care fundholding approaches; full utility to Tver not yet clear
2	TQM — Train the Trainers	March	1	
3	Quality Improvement/Utilization Review Workshop — Novosibirsk	April	1	
4	Clinical Care Mapping and Manuals <ul style="list-style-type: none"> • observational tour in U.S. • exercise • manuals 	Sept. 1	1	
5	<u>1996</u> Inpatient Care Indicators: Admission Criteria, Utilization Review Measures (e.g., Referrals and Discharges)	Jan. 1	1	Perhaps moved up to 1995
6	Quality Assurance/Quality Improvement Programs and Processes	Jan. 1	1	
7	System-Wide Monitoring <ul style="list-style-type: none"> • internships in Kemerovo 	Sept. 1	3	Complementary to Tver MIS initiative

Overall, 3 Areas of Output:

- 1) design payment reform in 1995/1996
- 2) help implement/test design in pilot rayons — 1996
- 3) define detailed actions — step-by-step — necessary to "roll-out" once Bank Loan in place

Note: Not included here — Payment Methods Manual and TA related to the MIS component which includes 1) methods of cost accounting and cost information, 2) development of standard, uniform data sets, 3) training in areas of management and implementation.

Detailed Scopes of Work: Tver Oblast

Activity	Collaborating Party	Jan - June 1995	Year 0 Q1 Q2 Q3 Q4	Year 1 Q1 Q2 Q3 Q4	Year 2 Q1 Q2 Q3 Q4	Year 3 Q1 Q2 Q3 Q4	Year 4 Q1 Q2 Q3 Q4	Year 5 Q1 Q2 Q3 Q4
I. Provider Payment Systems								
1. Needs Assessment -- Multi-Level Settings	RHA		XXXXXX					
Counterpart Team/Baseline Analysis			XXX					
Clinical Standards/Resource Requirements for Each Level			XXX					
Complementary QA/QI Approaches			XXX					
Conduct Training Seminar on Findings			XX					
Recommendations			XX					
Phase-In Strategy			XX					
Phase-In			XXXXXXXXXXXXXXXXXX					
2. Financial and Strategic Modelling	THIF/RHA		XXXXXXXXXX					
Development of Computer Model			XXX					
Documentation and Operational Manual			XXX					
Training of Local Experts			XXX					
Impact Analysis of Possible Options			XXX					
Report and Evaluation			XXX					
Internship in Kemerovo			XXX					
3. Payment Systems Workshop	THIF/RHA		XXXXXX					
Course Materials Development		XXXXXXXXXXXX						
Critically Evaluate Other Systems		XXXXXXXXXXXX	XXX					
Core Training Course (Tver)			XXXX					
Revise Training Materials for Methods Manual			XXX					
Develop/Disseminate Options for Design Phase			XXX					
4. Payment Systems Design	THIF/RHA	XXXXXXXXXXXXXXXXXXXX						
Observational Tours, U.S. and England		XXXXXXXX						
Pilot Sites Selected		XXXXXXXX						
Review of Issues and Options		XXXXXXX						
Strategy Development		XXXXXXX						
Design Financial Reforms Approach			XXXXXX					
Data Development, As Needed			XXX					
Analyze Data, Establish Preliminary Rates			XXX					
Design Phase-In			XXX					
Develop Guidelines and Regulations			XXXXXX					
5. Organizational Contracting/Legal Framework	THIF/RHA		XXXXXX					
Identify Issues for Providers/Payers			XX					
Research/Analysis of Current Legal Environment			XX					
Develop Legal Framework for Payers			XXX					
Develop Model Contract for Payers			XXX					
Develop Legal Framework for Provider Staff Contracts			XXX					
Develop Model Contracts for Provider Staff			XXX					
6. Family Medicine Training and TA	RHA/THIF		XXXXXXXXXX					
Identify Individuals and Sites		XXXXXXXXXXXX						
Develop Agenda, Itinerary, Issue Areas			XX					

Activity	Collaborating Party	Jan - June 1995	Year 0 Q1 Q2 Q3 Q4	Year 1 Q1 Q2 Q3 Q4	Year 2 Q1 Q2 Q3 Q4	Year 3 Q1 Q2 Q3 Q4	Year 4 Q1 Q2 Q3 Q4	Year 5 Q1 Q2 Q3 Q4
Training/Coordination			XXX					
University of Iowa			XXX					
Syracuse University			XXX					
Novosibirsk Pilot Sites			XXX					
Training -- Payment/At-Risk Models			XXXXXX					
Training -- Financial Management			XXXXXX					
Training -- Costing Accounting			XXXXXX					
7. Payment Systems Implementation	THIF/RHA		XXXXXXXXXXXX					
Refine/Update Analysis from Design Phase			XXX					
Training for Providers and Payers			XXX					
Integrate QA and MIS Components			XXX					
Computer Modelling/3-month Simulation			XXX					
Initiate Implementation of Pilots				XXXXXX				
8. Payment Systems Evaluation and Refinement	THIF/RHA		XXXXXXXXXX					
Examine Changes in Systems			XXX					
Payment			XXX					
Management and Information			XXX					
Quality			XXXX					
Impact Analysis				XX				
Develop Findings and Recommendations				XXXXXX				
Integrate Recommendations				XXXXXX				
Apply Changes to Bank Loan Strategy				XXX				
9. Actuarial Data Base Development	THIF/RHA			XXX				
Refine/Update Data from Financial Modelling Exercise				X				
Impact Analyses of Designs and Changes				XX				
Integration with MIS Component				XX				
Follow-up Training				XX				
Evaluation and Report for Bank Loan Component				XX				
II. Quality Assurance and Improvement								
1. Ambulatory Care Indicators	RHA/THIF	XXXXXXXXXXXXXXXX						
Coordinate with Tasks in Siberian Oblasts		XXXXXXXXXXXXXXXX						
Identification of Counterparts from Pilots		XXXXXXXXXXXXXXXX						
Training/Internship in Siberia			XXXX					
Development of Indicators			XXX					
Integration with MIS Component			XXX					
2. TQM -- Train the Trainers	RHA/THIF	XXXXXXXXXXXXXXXXXXXX						
Observational Tour		XXX						
Network with Counterparts in Siberia		XXXXXXXXXXXXXXXXXXXX						
Training of Local Counterparts			XXXXXX					
3. Quality Assurance/Improvement Workshop	RHA/THIF	XXXXXXXXXXXXXXXX						

Activity	Collaborating Party	Jan - June 1995	Year 0 Q1 Q2 Q3 Q4	Year 1 Q1 Q2 Q3 Q4	Year 2 Q1 Q2 Q3 Q4	Year 3 Q1 Q2 Q3 Q4	Year 4 Q1 Q2 Q3 Q4	Year 5 Q1 Q2 Q3 Q4
Identification of Counterparts Workshop		XXXXXX XXXXXXXX						
4. Clinical Care Mapping and Manuals	RHA/THIF		XXXXXXXXXX					
Observational Tour in U.S.			XXX					
Identify up to 10 Diagnosis			XXXXXX					
Examine and Evaluate Current Tx Patterns			XXX					
Training in New Patterns of Care			XXXX					
Develop and Disseminate New Care Maps			XX					
Develop "How to" Manual			XX					
Evaluate and Integrate with Bank Loan Strategy			XX					
5. Inpatient Care Indicators	RHA/THIF		XXXXXX					
Coordinate with Tasks in Siberian Oblasts		XXXXXXXXXXXXXXXXXXXX						
Identification of Counterparts from Pilots			XXX					
Training/Internship in Siberia			XXX					
Development of Indicators			XXX					
Integration with MIS Component			XXXX					
6. Quality Assurance/Improvement Processes	THIF/RHA		XXXXXXXXXXXXXXXXXXXX					
Evaluation of Existing Quality Programs		XXXXXXXXXXXXXXXXXXXX						
Design QA/QI System for Pilot Facilities			XXX					
Implementation of New Approaches			XXX					
Monitoring/Refinements of New Systems			XXXXXX					
Integration of Facility and Area-wide Measures				XXX				
7. System-Wide Monitoring of Quality/Outcomes	RHA/THIF			XXXXXX				
Coordinate with Tasks in Siberian Oblasts			XXXXXXXXXXXXXXXXXXXXXXXXXXXX					
Identification of Counterparts from Pilots				XXX				
Training/Internship in Siberia				XXX				
Development of Indicators				X XX				
Integration with MIS Component				XXX				
III. Bank Loan Expansion of Sites and "Roll-Out"								
1. Payment Systems Design	THIF/RHA				XXXXXXXXXXXX		XXXXXXXXXXXX	
Observational Tours, U.S. and England				XXXXXXXXXXXX				
Pilot Sites Selected		XXXXXXXXXXXX						
Review of Issues and Options						XXXXXXXXXX		XXXXXXXXXX
Strategy Development						XXXXXXXXXX		XXXXXXXXXX
Design Financial Reforms Approach						XXXXXXXXXX		XXXXXXXXXX
Data Development, As Needed						XXXXXX		XXXXXX
Analyze Data, Establish Preliminary Rates						XXXXXX		XXXXXX
Design Phase-In						XXX		XXX
Develop Guidelines and Regulations								
2. Payment Systems Implementation	THIF/RHA					XXXXXXXXXX		XX: XXXXXXX

Activity	Collaborating Party	Jan - June 1995	Year 0 Q1 Q2 Q3 Q4	Year 1 Q1 Q2 Q3 Q4	Year 2 Q1 Q2 Q3 Q4	Year 3 Q1 Q2 Q3 Q4	Year 4 Q1 Q2 Q3 Q4	Year 5 Q1 Q2 Q3 Q4
Refine/Update Analysis from Design Phase							XXX	XX
Training for Providers and Payers							XXX	XX X
Integrate QA and MIS Components							XXXX	XX X
Computer Modelling/3-month Simulation							XXX	XXX
Initiate Implementation of Pilots							XXX	XXX
3. Payment Systems Evaluation and Refinement	THIF/RHA			XXXXXXXXXXXX				
Examine Changes in Systems				XXX				
Payment				XX				
Management and Information				XXX				
Quality				XXX				
Impact Analysis				XXX				
Develop Findings and Recommendations				XXX				
Integrate Recommendations				XXX				
Apply Changes to Bank Loan Strategy				XXX				
4. Facility Manager Training	THIF/RHA			XX				
5. Quality Assurance/Improvement Processes	THIF/RHA			XXXXXXXXXXXX				
Evaluation of Existing Quality Programs				XXX				
Develop/Modify Indicators Based on Pilot Sites				XXX				
Design QA/QI System for "Roll-Out" Facilities				XXXX				
Implementation of New Approaches				XXXXX				
Monitoring/Refinements of New Systems				XX				
Integration of Facility and Area-wide Measures				XX				
6. Quality Assurance/Improvement Training	RHA/THIF			XX				

RHA = Regional Health Authority

THIF = Territorial Health Insurance Fund

Provider Payment/Financial Management

Activity 1: Design of a Multi-Level System of Inpatient and Outpatient Care in *Tver* Oblast

Sub-Activity 1.1: Establish counterpart team and baseline experience in Russia

Task 1.1.1: Assemble counterpart team for analytic exercise

Task 1.1.2: Distribute similar work and analyses from Altai Krai and Kemerovo Oblasts

Sub-Activity 1.2: Develop clinical standards and resource requirements for each level of care, including acute and non-acute care. Develop standards for bed capacity, personnel and equipment for each level of care.

Task 1.2.1: Analyze the appropriateness and continuity of inpatient care and outpatient care, through use of analytic (financial and managerial) approaches

Task 1.2.2: Conduct resource utilization analyses. Collect and process data on hospital bed capacity and utilization, number and structure of personnel, and medical equipment.

Subtask 1.2.2.1: Develop standards of staff, equipment, and bed capacity requirements

Subtask 1.2.2.2: Design cost-sharing for some services in tertiary care

Subactivity 1.3: Develop complementary Quality Assurance and Improvement approaches

Task 1.3.1: Develop appropriateness criteria for each level of care

Task 1.3.2: Determine licensing and accreditation procedures for the tertiary care sector.

Subactivity 1.4: Conduct training seminar of 1–2 days on methods, findings and recommendations

Task 1.4.1: Incorporate comments and critiques of local counterparts

Task 1.4.2: Incorporate experience in other oblasts, in particular Altai Krai and Kemerovo

Subactivity 1.5: Provide design with recommendations for phase-in of new delivery structure

Task 1.5.1: Translate documents into Russian, and disseminate

Person or Team Responsible:

technical lead Moscow office: Igor Sheiman/Kevin Woodard

technical lead Washington office: Jack Langenbrunner

Time Required:

3 months

Start Date:

September 1, 1995

Complete Date:

November 30, 1995

Resources Required:

Personnel:

International or Russian Hospital Management and Resource Utilization Consultant — 15 days (can be from Kemerovo or Altai Krai as well)

10 local experts on clinical standards — 40 days

10 local experts on resource requirements standards — 30 days

Russian Expert in multi-level systems of health care — 20 days.

Activity 2: Financial Modelling and Impact Analysis of **Tver** Oblast Health Reform Proposal Under World Bank Health Reform Loan

Subactivity 2.1: Development of computer model in Russian and English, based on underlying Tver data, used to:

- i) increase understanding of available (and pooled) resources for payment and coverage purposes,
- ii) encourage consideration of payment reform options,
- iii) analyze the impacts of possible financing reform policy changes that could be embodied in the *ZdravReform* Program pilots or World Bank Loan Proposal, and
- iv) analyze refinements to these policies as well as other medical care provider payment changes.

Task 2.1.1: Request for Tver Oblast data on demographics, utilization, and spending

Task 2.1.2: Assemble Tver Oblast data and develop computer-based spreadsheet model

Task 2.1.3: Translate model into English and Russian

Subtask 2.1.3.1: Paper and electronic copies of model generated and distributed

Subactivity 2.2: Documentation and an operational manual for the model in Russian and English.

Task 2.2.1: Documentation of model data and files

Task 2.2.2: Development of operational manual in Russian and English

Subactivity 2.3: Trained group of local experts who can operate as well as modify the model.

Task 2.3.1: Training of analysts (economists, actuaries and statisticians) in building of model

Task 2.3.2: Training of analysts (economists, actuaries and statisticians) in analytic approach and methods

Task 2.3.1: Training of analysts (economists, actuaries and statisticians) in modification/update of model

Subactivity 2.4: Impact analysis of the possible options proposed for financing reform policy changes under pilot projects and/or in the World Bank Loan Proposal

Subactivity 2.5: Report evaluating the achievement of the above deliverables and lessons learned for replicating these efforts in other oblasts

Task 2.5.1: Translation and distribution of Report into Russian and English

Person or Team Responsible:

technical lead Moscow office: Igor Sheiman/Kevin Woodard
technical lead Washington office: Jack Langenbrunner

Time Required:

3 months

Start Date:

September 1, 1995

Complete Date:

November 30, 1995

Resources Required:

Personnel:

1 Russian actuarial expert familiar with the Russian health system

1 Econometrician experienced with health sector financial modeling in Russia

1–2 research assistants, fluent in Russian and English, experienced in developing spreadsheet models in standard computer languages such as LOTUS and EXCEL.

Each person for 15 days in Tver

Activity 3: Payment Systems Workshop: Options, Alternatives, Implementation Issues

Subactivity 3.1: Examine and critically evaluate payment systems for hospitals and physicians in use throughout the world today, for the purpose of applying one or more approaches in Tver Oblast.

Task 3.1.1: Develop generic payment options germane to Tver Oblast

Subtask 3.1.1.1: Physicians

Subtask 3.1.1.2: Hospitals

Subtask 3.1.1.3: Capitation

Task 3.1.2: Develop options in context on how Tver health delivery system is organized

Subtask 3.1.2.1: Physicians

Subtask 3.1.2.2: Hospitals

Subtask 3.1.2.3: Capitation

Subactivity 3.2: Prepare training materials and workshop program for participants from Tver and possibly all 3 oblasts

Task 3.2.2: Conduct Training

Task 3.2.3: Evaluate utility of draft training materials and program

Subactivity 3.3: Revise training materials and integrate into use for development of future manual materials

Subactivity 3.4: Develop and disseminate outline of options for use in designing and implementing alternative payment systems.

Task 3.4.1: Translate in Russian

Task 3.4.2: Disseminate to 3 oblasts and other oblasts upon request

Person or Team Responsible:

technical lead Moscow office: Tatiana Makarova/Igor Sheiman
technical lead Washington office: Jack Langenbrunner

Time Required:

3 months

Start Date:

September 1, 1995

Complete Date:

November 30, 1995

Resources Required:

10 persons from Tver Oblast and up to 10 from each of other two oblasts

7 days — 5 days plus 2 days travel

location: Tver city, or city in one of three oblasts in Russia or in Moscow or St. Petersburg

1–2 outside experts: salaries plus travel plus 5 days preparation time

Activity 4: Design of New Payment Systems in Tver Oblast

Subactivity 4.1: Strategy development

Task 4.1.1: Evaluate current methods in context of new systems design

Task 4.1.2: Documentation of major problems, based on current utilization patterns and spending patterns

Subactivity 4.2: Design financial reforms/payment system and data development

Task 4.2.1: Evaluation of options: strengths and weaknesses of alternative methods

Subtask 4.2.1.1: Develop/refine impact model using demographic, utilization, and spending data

Subtask 4.2.1.2: Develop impact analyses and scenarios under various reform options

Task 4.2.2: Identification of expected service delivery changes following implementation of new methods of payment

Task 4.2.3: Conclusions and implications of new payment methods

Subtask 4.2.3.1: Scope and content of new payment methods

Sub-Subtask 4.2.3.1.1: Mix of payment systems across providers

Task 4.2.4: Identification of demonstration sites

Subtask 4.2.4.1: Identification of outpatient demonstration sites

Subtask 4.2.4.2: Identification of inpatient demonstration sites

Subactivity 4.3: Analyze data and establish preliminary rates

Task 4.3.1: Develop preliminary rates for services and categories of services

Subtask 4.3.1.1: Identify rates of user charges (if any)

Task 4.3.2: Identify potential needed adjustments

Subtask 4.3.2.1: Identify potential needed adjustments for referrals

Subtask 4.3.2.2: Identify potential needed adjustments for outliers

Subtask 4.3.2.3: Identify potential needed adjustments for exempt institutions or departments

Subactivity 4.4: Identify and design phase-in of rates and new systems

Subactivity 4.5: Develop potential guidelines and regulations for providers and payers

Person or Team Responsible:

technical lead Moscow office: Igor Sheiman

technical lead Washington office: Jack Langenbrunner

Time Required:

6 months

Start Date:

September 1, 1995

Complete Date:

February 28, 1996

Resources Required:

750 days for Russian experts and technicians

3 trips for 2 outside experts, plus 2 interpreters/drivers

total time for 3 trips: 6 weeks

10 days preparation

trips Scopes of Work

i) design of system and data development (3 weeks)

ii) analysis of data and establishment of preliminary rates and adjustments (2 weeks)

iii) implementation design and refinements (1 week)

software development

Activity 4a: Develop Study/Observational Tours of United States and Selected Western European Countries on Provider Payment Systems

(Note: Activity 4a broken out separately from Activity 4 because of cost implications and tie-in to related training in Siberian oblasts)

Subactivity 4a.1: Identify individuals in each of two/three oblasts for participation in tour

Task 4a.1.1: Work with leadership for lists of participants

Subactivity 4a.2: Develop agenda, itinerary and relevant lists of organizations and individuals with which to meet

Task 4a.2.1: Coordination with USAID and World Bank

Task 4a.2.2: Coordination with participating oblasts

Task 4a.2.3: Coordination with payment manual experts

Task 4a.2.4: Coordination with Abt/Bethesda staff

Subactivity 4a.3: Observation Tour: examine and critically evaluate payment systems for hospitals and physicians in use today throughout the world

Subactivity 4a.4: Evaluate value of the observation tour for relevance of areas of focus and impact of knowledge imparted to tour participants

Task 4a.4.1: Interview/survey participants

Task 4a.4.2: Write-up/disseminate results

Subtask 4a.4.2.1: Integrate relevant findings into Provider Payment Manual and Workshop Task (Activities 3 and 4 in this section)

Person or Team Responsible:

technical lead Moscow office: Igor Sheiman

technical lead Washington office: Jack Langenbrunner

Time Required:

4 months

Start Date:

April 1, 1995

Complete Date:

July 30, 1995

Resources Required:

2–3 persons from each of three oblasts

20 days

3 cities in the United States

2 European cities

travel and expenses for participants

plus, cost of preparation and presentations

Activity 5: Development of Organizational Contracting/Legal Framework in **Tver Oblast**

Subactivity 5.1: Identification of contractual issues related to providers and payers

Task 5.1.1: Issues between payer and provider

Subtask 5.1.1.1: Payer and facility

Subtask 5.1.1.2: Facility and individual providers

Subactivity 5.2: Research and analysis of current legal environment for payers, facilities, and providers

Subactivity 5.3: Develop legal framework for contracts between payers and facilities/providers

Task 5.3.1: Identify steps that would permit an initial phase-in period

Task 5.3.2: Development of legal flexibility to implement certain policies immediately

Task 5.3.3: Delineation of tax responsibilities under various legal categories

Task 5.3.4: Development of limited financial protections in phase-in period to adjust to new payment incentives

Task 5.3.5: Development of rules and flexibility regarding private vs. public pay patients

Subactivity 5.4: Development of a model contract for payers to actually use with facilities/providers

Subactivity 5.5: Develop legal framework for staff contracts for use by facility managers

Subtask 5.5.1: Identify steps that would permit an initial phase-in period

Subtask 5.5.2: Development of legal flexibility to implement certain policies immediately (e.g., hire and fire physicians and other staff)

Subtask 5.5.3: Delineation of tax responsibilities under various legal categories

Subtask 5.5.4: Development of limited financial protections in phase-in period to adjust to new payment incentives

Subtask 5.5.5: Development of rules and flexibility regarding private vs. public pay patients

Subactivity 5.6: Development of a model contract for facility managers to actually use with staff

Person or Team Responsible:

technical lead Moscow office: Jim Rice

technical lead Washington office: Jack Langenbrunner

Time Required:

4 months

Start Date:

November 1, 1995

Complete Date:

February 28, 1996

Resources Required:

One Russian expert for 20 days — to help establish an improved legal framework necessary to allow contractual relationship between i) payers with facilities and ii) payers with providers.

One Russian expert for 20 days — to research, develop recommendations and possible legislative language (if needed) to allow managers to develop time-limited contracts for facility personnel

Activity 6: General Practitioner/Family Practice Training in Tver

Subactivity 6.1: Identify individuals and practices in each of two/three geographic sites for participation in training in Siberian GFA oblasts

Task 6.1.1: Work with leadership for lists of participants

Subactivity 6.2: Develop agenda, itinerary and relevant lists of organizations and individuals with which to meet

Task 6.2.1: Coordination with USAID and World Bank

Task 6.2.2: Coordination with participating oblasts

Subtask 6.2.2.1: Coordination with TA activities through Syracuse and University of Iowa

Task 6.2.3: Coordination with Abt/Bethesda staff

Subactivity 6.3: Training: examine and critically evaluate organizational and financial aspects related to new family practitioner and general practitioner structures

Task 6.3.1: New payment/at-risk arrangements

Task 6.3.2: Financial management methods and systems

Task 6.3.3: Cost accounting methods and systems

Task 6.3.4: Quality assurance methods and systems

Task 6.3.5: Disseminate D. Brown's manual

Subactivity 6.4: Provide internship with Novosibirsk pilots for family medicine

Subactivity 6.5: Evaluate value of the training and internship for relevance of areas of focus and impact of knowledge imparted to tour participants

Task 6.5.1: Interview/survey participants

Task 6.5.2: Write-up/disseminate results

Subtask 6.5.2.1: Integrate relevant findings into proposals for additional needed technical assistance and training in this area

Person or Team Responsible:

technical lead Moscow office: Jim Rice
technical lead Washington office: Jack Langenbrunner

Time Required:

4 months

Start Date:

November 1, 1995

Complete Date:

February 28, 1996

Resources Required:

8–10 persons from each of two oblasts
25 days
4 cities in the Siberian GFAs

travel and expenses for participants
plus, cost of preparation and presentations

Activity 7: Implementation of Payment Systems Demonstration in **Tver** Oblast

Subactivity 7.1: Refine and update analysis from payment design tasks

Task 7.1.1: Refinements and adjustments

Subactivity 7.2: Training for providers and payers

Task 7.2.1: Informal classes and workshops on new systems

Task 7.2.2: Develop and disseminate informational materials

Subactivity 7.3: Integrate QA and MIS components

Task 7.3.1: Identification of indicators to track provider performance in managing the health status of defined populations

(to be implemented in collaboration with Quality Assurance and Improvement Activities)

Task 7.3.2: Identification of information technology requirements and development of application software for future installation

(to be implemented in collaboration with Management and Information Systems Activities)

Subactivity 7.4: Computer modelling and 3-month simulation period of impacts under new systems

Task 7.4.1: Evaluate changes of new system under simulation time period, and develop final adjustments

Subactivity 7.5: Initiate implementation

Subactivity 7.6: Use evaluation results (Activity 8 below) of implementation and final refinements

Person or Team Responsible:

technical lead Moscow office: Igor Sheiman

technical lead Washington office: Jack Langenbrunner

Time Required:

12 months

Start Date:

January 1, 1996

Complete Date:

December 30, 1996

Resources Required:

750 days for Russian experts and technicians

3 trips for 2 outside experts, plus 2 interpreters/drivers

total time for 3 trips: 6 weeks

10 days preparation

trips Scopes of Work

- i) final design of system and simulation model development (3 weeks)
- ii) analysis of simulation data and integration of final changes (2 weeks)
- iii) use of evaluation results and final refinements (1 week)

software development

Activity 8: Payment Systems Evaluation and Refinement in **Tver**

Subactivity 8.1: Examine changes in provider payment methods and systems for both physicians and hospitals

Task 8.1.1: Physician payment systems

Task 8.1.2: Hospital payment systems

Task 8.1.3: Other

Task 8.1.4: Developments related to longer-term changes in payment systems, such as use of cost accounting methods to develop cost estimates

Task 8.1.4: Expected and unanticipated impacts to date

Subactivity 8.2: Examine changes in management for both polyclinics and hospital facilities, and the development of the management and information systems

Task 8.2.1: Management autonomy changes such as changes in legal and economic status, changes and use of 1-line budgets, relationship of facility to central and oblast governments, strictures regarding use of normatives (either related to structural codes of buildings, administrative areas, financial areas, clinical areas, staffing and personnel standards, and so on), and other changes.

Task 8.2.2: Management and information systems changes in use of cost accounting methods, use of cost accounting for business planning, budgeting and financial management techniques, clinical information systems, procedure coding systems, automated integrated medical information systems, routine reporting systems, inventory and tracking systems, human resource management systems, auditing and annual reconciliation reporting mechanisms, and work related to calculation of costs per case

Task 8.2.3: Expected and unanticipated impacts to date

Subactivity 8.3: Examine changes in the development of a complementary quality assurance system

Task 8.3.1: Quality assurance (QA) changes in movement away from use of the Medical-Economic Standards, development of a facility level QA system, development of a cadre of experts to monitor and evaluate continuous quality improvement, the availability and adequacy of methods of information for collection for key utilization and quality indicators such as referral rates, disenrollment, nosocomial infections, re-admission rates, other hospital indicators for monitoring and evaluation; and, development of hospital admissions appropriateness criteria

Task 8.3.2: Expected and unanticipated impacts to date

Subactivity 8.4: Examine any results relating to broader system changes

Task 8.4.1: Changes in efficiency — the effect of the demonstration and related payment policies and organizational changes on the efficiency in the provision of services;

Task 8.4.2: Impact on quality of care — how changes in financing, payment and quality assurance programs may affect the quality of structure and process of service delivery, and ultimately changes in health status

Task 8.4.3: Impact on equity of access to care — what effects the new system and related changes have on the strength of the old system, relative equity of access to services by various socio-economic status groups

Subactivity 8.5: Development of findings and recommendations relevant both to demonstration and for application to the Bank loan component

Task 8.5.1: Findings and recommendations translated into Russian prior to departure

Person or Team Responsible:

technical lead Moscow office: Jim Rice
technical lead Washington office: Jack Langenbrunner

Time Required:

1–2 months

Start Date:

May 1, 1996

Complete Date:

June 30, 1996

Resources Required:

- 75 days for Russian experts and technicians
- gathering of baseline information
 - gathering of pre-post data
 - technical analysis and collaboration with the outside experts

1 trips for 3–4 outside experts, plus 2 interpreters/drivers

- one economist (15 days);
- one quality assurance expert (15 days);
- one or two management experts in i) management autonomy status and issues, and ii) management and information systems expert (20 days total)

total time for trip: 3 weeks

5 days preparation

trips Scopes of Work

- i) baseline information collected and analyzed (5 days)
- ii) assemble pre-post data and conduct interviews with leadership, providers and consumers (2 weeks)
- iii) analysis of data, development of recommendations, and suggested approaches for integration for refinements (1 week)

software development

Activity 9: Actuarial Data Base Development in **Tver**

Subactivity 9.1: Refine and update data from Financial and Strategic Modelling exercise (see Activity 2 above)

Task 9.1.1: Request from Tver Oblast data on demographics, utilization, and spending

Task 9.1.2: Assemble Tver Oblast data and update computer-based spreadsheet model

Task 9.1.3: Translate updated model into English and Russian

Subtask 9.1.3.1: Paper and electronic copies of model generated and distributed

Subactivity 9.2: Impact analyses of designs and changes of financing reform policy changes under pilot projects and/or in the World Bank Loan Proposal

Task 9.2.1: Historic and short-term analysis of changes and expected trends in demographics, utilization, and spending patterns in pilot sites

Task 9.2.2: Application/extrapolation of changes under oblast-wide roll-out and implementation

Subactivity 9.3: Further training of experts and analysts as follow-up to Activity 2 (above)

Task 9.3.1: Exercises related to application of policy decisions and changes in both Oblast Health Authority and the Territorial Health Insurance Fund

Subactivity 9.4: Report evaluating the achievement of the above deliverables and lessons learned for replicating these efforts in other oblasts

Task 9.4.1: Translation and distribution of Report into Russian and English

Person or Team Responsible:

technical lead Moscow office: Igor Sheiman/Kevin Woodard

technical lead Washington office: Jack Langenbrunner

Time Required:

3 months

Start Date:

October 1, 1996

Complete Date:

December 31, 1996

Resources Required:

Personnel:

1 Russian actuarial expert familiar with the Russian health system

1 Econometrician experienced with health sector financial modeling in Russia

1–2 research assistants, fluent in Russian and English, experienced in developing spreadsheet models in standard computer languages such as LOTUS and EXCEL.

Each person for 15 days in Tver

Quality Assurance and Improvement (Clinical and Management)

Activity 1: Development of Ambulatory Care Indicators

This would parallel the tasks in the Siberian GFAs, and should be written up by the QA/QI person in Moscow or Siberia.

The activity should develop indicators both for countering new payment incentives and for QA activities.

Start Date: October 1, 1995

Activity 2: TQM "Train the Trainers" — Coordination with Siberian Oblast Tour to the United States

2–4 persons in each oblast

15 days

4–6 cities in the United States and Western Europe

travel and expenses for participants

plus, marginal cost of preparation and presentations

NOTE: PER CONVERSATION OF FEBRUARY 8, THIS ACTIVITY IS BEING WRITTEN UP BY HANS LOKEN AND SHOULD BE SUBSUMED UNDER HIS WRITE-UPS FOR THE MARCH/APRIL 1995 TOUR.

Activity 3: Participation in the Siberian QA Workshop — Quality Assurance with MIS Component

1–2 persons from each of 3 oblasts to join Siberian oblasts participants
7 days, including 5 days for workshop and 2 days travel location: city in Siberia

travel and expenses for participants
marginal costs of 1–2 outside experts: salaries plus travel plus 5 days preparation time

NOTE: PER CONVERSATION OF FEBRUARY 8, THIS ACTIVITY IS BEING WRITTEN UP BY HANS LOKEN AND SHOULD BE SUBSUMED UNDER HIS WRITE-UPS FOR THE APRIL/MAY 1995 WORKSHOP.

Activity 4: Pilot and Distribute Diagnosis-Based Clinical Care Pathways

Subactivity 4.1: Identify up to 10 diagnosis total in clinical areas related to World Bank loan reform program across 3 oblasts of Tver, Kaluga, and Smolensk

Task 4.1.1: Develop criteria for choosing diagnoses in Tver Oblast

Subtask 4.1.1.1: Review World Bank Loan proposal and Bank staff comments including Bank "Back-to-Office" Reports in selecting diagnoses

Subtask 4.1.1.2: Coordinate and review with local oblast leadership, including clinical specialists

Task 4.1.2: Develop criteria for choosing diagnoses in Smolensk Oblast

Subtask 4.1.2.1: Review World Bank Loan proposal and Bank staff comments including Bank "Back-to-Office" Reports in selecting diagnoses

Sub-Subtask 4.1.2.1.1: Consider recommendations made by Bank consultants in February 1995 to include Hypertension and Acute Myocardial Infarction

Subtask 4.1.3.1: Coordinate and review with local oblast leadership, including clinical specialists

Task 4.1.3: Develop criteria for choosing diagnoses in Kaluga Oblast

Subtask 4.1.3.1: Review World Bank Loan proposal and Bank staff comments including Bank "Back-to-Office" Reports in selecting diagnoses

Subtask 4.1.3.2: Coordinate and review with local oblast leadership, including clinical specialists

Subactivity 4.2: Examine and critically evaluate current practice patterns in use for each of the diagnosis chosen

Task 4.2.1: Develop methods of review

Task 4.2.2: Gather and review relevant clinical data

Task 4.2.3: Incorporate clinical and scientific information from outside of oblast-based experience

Task 4.2.4: Develop refined patterns of care

Subactivity 4.3: Train oblast specialists in new patterns of care and methods of updating care maps and developing new care maps in other diagnostic areas

Subactivity 4.4: Develop and disseminate 10 clinical diagnosis-based "Care Pathways" for general use

Task 4.4.1: Draft dissemination materials

Task 4.4.2: Translate care pathway materials

Subactivity 4.5: Develop and disseminate draft "How To" Manual for use in designing and implementing alternative diagnosis-based care pathways

Task 4.5.1: Develop Manual in both hard-copy and electronic formats

Subactivity 4.6: Evaluate utility of draft training materials and program

Person or Team Responsible:

technical lead Moscow office: Hans Loken or successor

Time Required:

12 months total for all 10 diagnosis-based pathways

on average, 6 months for each clinical care pathway

Start Date:

September 1, 1995

Complete Date:

August 31, 1996

Resources Required:

600 days Russian experts and specialists

1 trip for 2 outside clinical experts *for each of 10* diagnosis categories, plus interpreters and drivers

total time for 1 trip: 3 weeks

5 days preparation

software development

Activity 5: Development of Inpatient Care Indicators

This activity should parallel and build from the work underway in the Siberian GFAs to develop indicators complementing new payment incentives under demonstrations being developed there.

The step-by-step approach will need to be written up by the QA/QI person in Moscow/Siberia, but should focus on at least three "pressure points" for quality assurance: admissions, discharges, and referrals.

Start Date: January 1, 1996

Activity 6: Develop and Integrate Quality Assurance Systems that Complement and Parallel Financial and Payment Systems Reforms in Tver Oblast

Subactivity 6.1: Evaluation of existing quality control/quality of care system in context of financing and financial management reforms

Task 6.1.1: Identify and evaluate issues related to clinical management at the individual facility level

Subtask 6.1.1.1: Identify incentives and potential changes in provider behavior

Subactivity 6.2: Design quality assurance system to complement financing and financial management reforms

Task 6.2.1: Develop routine measures for monitoring

Subtask 6.2.1.1: Develop software for collection and monitoring of information

Task 6.2.2: Develop of Continuous Quality Improvement (CQI) mechanisms

Subtask 6.2.2.1: Develop software for collection and monitoring of information

Subactivity 6.3: Implementation of new QA systems

Subactivity 6.4: Monitoring and final refinements of QA system

Task 6.4.1: Evaluate adequacy of routine measures for monitoring

Subtask 6.4.1.1: Refine software for collection and monitoring of information

Task 6.4.2: Evaluate adequacy of Continuous Quality Improvement (CQI) mechanisms

Subtask 6.4.2.1: Refine software for collection and monitoring of information

Subactivity 6.5: Integration of QA systems at facility level with external standards setting and accreditation process

Task 6.5.1: Evaluate adequacy of routine measures for standards and accreditation process

Subtask 6.5.1.1: Refine software for collection and sharing of information

Task 6.5.2: Evaluate adequacy of Continuous Quality Improvement (CQI) mechanisms for external standards and accreditation process

Subtask 6.5.2.1: Refine software for collection and sharing of information

Person or Team Responsible:

technical lead Moscow office: Hans Loken

Time Required:

12 months total

Start Date:

January 1, 1996

Complete Date:

December 31, 1996

Resources Required:

200 days Russian experts and specialists

2 trips for 1 outside expert, plus interpreter and driver

total time for 2 trips: 4 weeks

5 days preparation

trips Scopes of Work:

i) evaluate existing system and design new system (2 weeks)

ii) implementation and final refinements (2 weeks)

software development

Activity 7: System-Wide Surveillance and Outcomes Monitoring

These activities should be undertaken if they complement or parallel similar activities in Siberian GFAs and if resources permit. These should be written-up by the QA/QI person in Moscow.

Activity 7 is complementary to much of the work in Tver as outlined in the proposal to the Bank, and can build off the TA proposed by Kevin Woodard in his April 1995 assessment.